

Summary of Waste Streams	Container Type Description
Scrap Cardboard	15 yd. box
Scrap Wood	15 yd. box
Flyash	30 yd. box
Metallic Powder 2 boxes shipped	15 yd. box
Concrete & dirt	20 yd. box
Boxes & Bands	20 yd. box
Hydromation paper, metallic turnings, tires 1box shipped	15 yd. box
Hydrpmation filter paper & metallic powder 1 box	15 yd. box
Asbestos 1 bag	bag
Boxes, bands, tires 1 box	30 yd. box
Hydromation paper- a filter paper used on coolant systems to remove metallic turnings	

EPA Region 5 Records Ctr.



368951



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO.               

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____  TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: _____					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION		HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
<b>1-2 CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>1-2</u>		EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name _____		Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		ZIP _____			
STATE _____		PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY _____		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>Dayton</u>		ZIP _____			
STATE <u>OHIO</u>		PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11111

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION     IN CASE OF EMERGENCY, NOTIFY: <u>720-224</u>				NET WT. _____  TRAILER NO.    TRACTOR NO.	
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Very 1002</u>		<u>2000</u>	<u>BAG</u>	<u>Asbestos</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:  					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>1-5-81</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GM</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>W. J. ...</u>		Phone <u>513-762-1001</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY _____		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____	
CITY _____		STATE _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY _____		ADDRESS _____		JOB NO. _____	
CITY <u>Dayton</u>		STATE _____		ZIP _____	
CITY _____		STATE _____		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 1367

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Non Hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>PERSON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>50 lbs.</u>		<u>Styrofoam wood</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-3-84</u>		EPA IDENTIFICATION CODE NO. <u>040060928161</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>20 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your record				
Signature <u>[Signature]</u>		Print Name <u>J. Leason</u>		Phone <u>307 6791</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 43682

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>NON HAZARDOUS</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
_____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 yds.</u>		<u>ROCKS BRICKS</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

## CERTIFICATION

GENERATOR	DATE SHIPPED <u>1-7-85</u>	EPA IDENTIFICATION CODE NO. <u>OHIO 060928561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>	STATE I.D. NO. _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>	PURCHASE ORDER _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	45401 ZIP _____ PHONE _____

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature \_\_\_\_\_ Print Name J. REARSON Phone 297-6391

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>S. DAYTON LANDFILL</u>	STATE I.D. NO. _____
ADDRESS _____	JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u> ZIP _____ PHONE _____

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 13683

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>9-1-1</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>20 yds.</u>		<u>FLASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-8-85</u>	EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>KEITH</u>	Phone <u>227 6291</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**  
DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 43490

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO.    TRACTOR NO.	
<i>Not Hazardous</i>				
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Not Haz</i>		<i>20 x 10</i>		<i>SCRAP WOOD</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-11-88</u>		EPA IDENTIFICATION CODE NO. <u>210060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. CMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>J. REARSON</u>	Phone <u>237 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.NO. 13897

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>1-800-451-5551</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz.</u>		<u>20000</u>		<u>FL-1ASH</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>1-18-85</u>		ERA IDENTIFICATION CODE NO. <u>0-150402F561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMCO</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. T. [Signature]</u>	Phone <u>527-6791</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 43693

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>DELCO MORAIN</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 yds</u>		<u>FLYASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-11-85</u>		EPA IDENTIFICATION CODE NO. <u>042060728561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. TREASON</u>		Phone <u>2976391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13696

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <u>Non-Hazardous</u>  IN CASE OF EMERGENCY, NOTIFY: <u>Fire Department</u>			NET WT. _____	
			TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30000</u>		<u>T LASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-12-81</u>		EPA IDENTIFICATION CODE NO. <u>OH 2000128751</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to DOT regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. PEARSON</u>		Phone <u>227-5391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. A. ITON Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13703

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>Non-Hazardous</u>	
IN CASE OF EMERGENCY NOTIFY: <u>Delco Moraine</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non-Haz</u>		<u>30-100</u>		<u>FLYASH</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>1-16-85</u> EPA IDENTIFICATION CODE NO. <u>04-050728361</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.	
Signature <u>[Signature]</u>	Print Name <u>J. P. [Name]</u> Phone _____
TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY _____	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____ STATE _____	ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature _____	Print Name _____ Date Received _____
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>DAYTON LANDFILL</u>	STATE I.D. NO. _____
ADDRESS _____	JOB NO. _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature _____	Print Name _____ Date _____

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13704

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non-Haz</u>	<u>2</u>	<u>300000</u>		<u>FLY ASH</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>1-15-85</u>		EPA IDENTIFICATION CODE NO. <u>045060128-61</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. T. TERRY</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13699

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. TRACTOR NO.		
IN CASE OF EMERGENCY, NOTIFY: <u>See label</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 yds.</u>		<u>Boards/Wood</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-14-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>K. E. Johnson</u>		Phone <u>227 6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13700

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>
<u>NAW 1/17 = 1200000</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>See below</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 100</u>		<u>CARDBOARD BOXES</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>1-16-85</u>	EPA IDENTIFICATION CODE NO. <u>OH060928531</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>REARDIN</u>	Phone <u>2276391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY _____	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	

**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.NO. 13709

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align:center; font-size:1.2em;">NON HAZARDOUS</div>  IN CASE OF EMERGENCY, NOTIFY: <u>PEARSON</u>			NET WT. _____  TRAILER NO.    TRACTOR NO.	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 YDS.</u>		<u>TELETYPE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR <u>DELCO MORaine DIV. GMC</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>		
COMPANY NAME <u>1420 WISCONSIN BLVD.</u>		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. PEARSON</u>	Phone <u>2276391</u>	
TRANSPORTER <u>DELCO MORaine DIV. GMC</u>		EPA IDENTIFICATION NO. _____		
COMPANY <u>1420 WISCONSIN BLVD.</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY <u>DAYTON LANDFILL</u>		EPA IDENTIFICATION CODE NO. _____		
COMPANY _____		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

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# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 13710

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
NON HAZ		30 YRS.		WOOD / PILES	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>1-18-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMG</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>J. PETERSON</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>DELCO MORaine DIV. GMG</u>		JOB I.D. NO. _____		PHONE _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>DAYTON LANDFILL</u>		JOB NO. _____		PHONE _____	
ADDRESS _____		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 1-3-71

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO.    TRACTOR NO.	
<u>Non Hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>See attached</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 YCS.</u>		<u>BOXES / TRAILS</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-18-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 06928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>CRANFORD</u>	Phone <u>2576391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. Dayton Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13712

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Person</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YLS.</u>		<u>FLY ASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-18-85</u>	EPA IDENTIFICATION CODE NO. <u>OH 5060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>	Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13716

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em;">Non Hazardous</div>  IN CASE OF EMERGENCY, NOTIFY: <u>See E. Johnson</u>			NET WT. _____  TRAILER NO.    TRACTOR NO.	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>3000</u>		<u>FLYASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-21-85</u>	EPA IDENTIFICATION CODE NO. <u>OHIO 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>30 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. Johnson</u>	Phone <u>527-591</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>Station Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

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# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 117740

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>Non Hazardous</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>911</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30 112</i>		<i>FLUOR</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <i>1-28-85</i>	EPA IDENTIFICATION CODE NO. <i>OH 060928561</i>	
COMPANY NAME <i>DELCO MORAIN DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>100 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>[Signature]</i>		Print Name <i>J. REARDON</i>	Phone <i>227 1391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>SAME</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY <i>S. DAYTON</i>		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>[Signature]</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 43728

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Non Hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>Fire Department</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>20 YLS.</u>		<u>F-2 YASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-25-85</u>		EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. TREARLON</u>		Phone <u>227-791</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAVE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 43732

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YRS</u>		<u>FLASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR <u>DELCO MORAIN DIV. GMC</u> EPA IDENTIFICATION CODE NO. <u>011-06028561</u>				
COMPANY NAME <u>1420 WISCONSIN BLVD.</u> STATE I.D. NO. _____				
ADDRESS _____ PURCHASE ORDER _____				
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____				
This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u> Print Name <u>J. TRAYLOR</u> Phone <u>227/391</u>				
TRANSPORTER EPA IDENTIFICATION NO. _____				
COMPANY <u>LAKE</u> STATE I.D. CODE _____				
ADDRESS _____ JOB I.D. NO. _____				
CITY _____ STATE _____ ZIP _____ PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____ Print Name _____ Date Received _____				
TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____				
COMPANY <u>S. DAYTON LANDFILL</u> STATE I.D. NO. _____				
ADDRESS _____ JOB NO. _____				
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____ PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____ Print Name _____ Date _____				

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 13733

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>None</u>	
<u>1120 WISCONSIN BLVD</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>None</u>	<u>HAZ</u>	<u>50 yds.</u>		<u>FLASH</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>1-26-85</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature _____	Print Name <u>J. T. Eason</u>	Phone <u>2276391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. Dayton Landfill</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 113734

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>Not Hazardous</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>FEARON</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 D.S.</u>		<u>FLYASH</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>1-26-85</u>	EPA IDENTIFICATION CODE NO. <u>043060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>120 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature \_\_\_\_\_ Print Name J. FEARON Phone 2076391

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>JAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>S. DAYTON LANDFILL</u>	STATE I.D. NO. _____
ADDRESS _____	JOB NO. _____
CITY <u>DAYTON</u>	ZIP _____ PHONE _____

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



# ENVIRONMENTAL MANIFEST

**NO.** 113736

DM 2871 REV 11/80

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Fire Department</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NOV 11/92</u>		<u>30 yds.</u>		<u>FLUASH</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>1-1-85</u>		EPA IDENTIFICATION CODE NO. <u>OH06092856</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
STATE <u>OHIO</u>		ZIP <u>45401</u>			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>James</u>		Phone <u>227 6291</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>James</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>So. Dayton Landfill</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>Dayton</u>		STATE <u>OHIO</u>		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13740

## EMERGENCY INFORMATION

### IMMEDIATE RESPONSE INFORMATION

IN CASE OF EMERGENCY, NOTIFY J. REARDON

## SCALE INFORMATION

NET WT. \_\_\_\_\_

TRAILER NO. \_\_\_\_\_ TRACTOR NO. \_\_\_\_\_

## SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>			<u>Box</u> <u>30 Cu ft.</u>	<u>Scrap Wood</u>

## MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) \_\_\_\_\_

ADDITIONAL  
INFORMATION:

## CERTIFICATION

GENERATOR DELCO MORaine DIV. GMC DATE SHIPPED Jan 30, 95 EPA IDENTIFICATION CODE NO. OH D 060928561  
COMPANY NAME \_\_\_\_\_ STATE I.D. NO. \_\_\_\_\_  
ADDRESS 1420 WISCONSIN BLVD. PURCHASE ORDER \_\_\_\_\_  
CITY DAYTON STATE OHIO ZIP 45401 PHONE \_\_\_\_\_

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature James Reardon Print Name JAMES REARDON Phone 227-6741

TRANSPORTER \_\_\_\_\_ EPA IDENTIFICATION NO. \_\_\_\_\_  
COMPANY \_\_\_\_\_ STATE I.D. CODE \_\_\_\_\_  
ADDRESS AME JOB I.D. NO. \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY \_\_\_\_\_ EPA IDENTIFICATION CODE NO. \_\_\_\_\_  
COMPANY SOUTH DAYTON Landfill STATE I.D. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ JOB NO. \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 43746

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION     IN CASE OF EMERGENCY, NOTIFY: <u>911</u>			NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non-Haz</u>		<u>30 Yds</u>		<u>Scrap wood</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:  				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-1-88</u>		EPA IDENTIFICATION CODE NO. <u>11660928-61</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. PEARSON</u>		Phone <u>2276391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13448

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Non Haz</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>Delco</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 TONS</u>		<u>TIN-11</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-1-85</u>	EPA IDENTIFICATION CODE NO. <u>242060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>100 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. REARSON</u>	Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>NAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR





**Delco Moraine**

DM 2871 REV 11/80

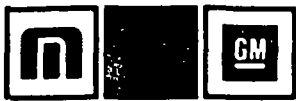
# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 13749

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 1.5em;">NON HAZARDOUS</div>  IN CASE OF EMERGENCY, NOTIFY: <u>REAR DON</u>				NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 YLS</u>		<u>FLASH</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>2-1-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060128581</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>REAR DON</u>		Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>J. Am E</u>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____ STATE _____		ZIP _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>S. DAYTON Landfill</u>		ADDRESS _____		JOB NO. _____	
CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP _____		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 43750

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>Non Haz</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>20 Pearson</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30103</u>	<u>3</u>	<u>FLITZ# BOXES</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

## CERTIFICATION

GENERATOR	DATE SHIPPED <u>2-2-85</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME	<u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____
ADDRESS	<u>1120 WISCONSIN BLVD.</u>	PURCHASE ORDER _____
CITY	<u>DAYTON</u>	STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.		
Signature	<u>[Signature]</u>	Print Name <u>PEARSON</u> Phone <u>227 6291</u>
TRANSPORTER	EPA IDENTIFICATION NO. _____	
COMPANY	<u>SAME</u>	STATE I.D. CODE _____
ADDRESS		JOB I.D. NO. _____
CITY		ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.		
Signature	Print Name	Date Received
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____	
COMPANY	<u>DAYTON LANDFILL</u>	STATE I.D. NO. _____
ADDRESS		JOB NO. _____
CITY	<u>DAYTON</u>	STATE <u>OHIO</u> ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.		
Signature	Print Name	Date



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 43751

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>NON HAZARDOUS</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>Emergency</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YRS.</u>		<u>FLASH</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

## CERTIFICATION

GENERATOR	DATE SHIPPED <u>2-2-85</u>	EPA IDENTIFICATION CODE NO. <u>OH060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>	PURCHASE ORDER _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u> PHONE _____

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name REWARD Phone 2275501

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>Sam E</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>S. DAYTON LANDFILL</u>	STATE I.D. NO. _____
ADDRESS _____	JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u> ZIP _____ PHONE _____

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



# ENVIRONMENTAL MANIFEST

NO. 13758

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>CLAREN</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Van Haz</u>		<u>30 YLS</u>		<u>Scrap wood</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>2-5-85</u>		EPA IDENTIFICATION CODE NO. <u>OH060928-61</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>				STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>CLAREN</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 43763

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>300 yds</u>		<u>FLYASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-7-81</u>	EPA IDENTIFICATION CODE NO. <u>112 160928-81</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>S. TEARON</u>	Phone <u>222 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON / WASTE</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAY</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 45764

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Acid Haz</u>		<u>30 yds</u>		<u>YASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-7-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS <u>1120 WISCONSIN BLVD.</u>				
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>W. R. Adams</u>		Phone <u>327-2391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAVE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>C. J. P. Inc.</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAY</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 113767

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>256-2561</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YRS.</u>		<u>FLYASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-8-85</u>		EPA IDENTIFICATION CODE NO. <u>116028761</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>PERKIN</u>		Phone <u>227-6791</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAVE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 13769

<b>EMERGENCY INFORMATION</b>		<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION		NET WT. _____  TRAILER NO.    TRACTOR NO.	
<div style="text-align: center; font-size: 1.2em;">Non Haz</div>			
IN CASE OF EMERGENCY, NOTIFY: _____			
<b>SHIPPING INFORMATION</b>			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE
Non Haz		30 W.	25000 W.
<b>MATERIAL DISPOSITION</b>			
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____			
ADDITIONAL INFORMATION:			
<b>CERTIFICATION</b>			
GENERATOR COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		DATE SHIPPED <u>2-1-81</u> EPA IDENTIFICATION CODE NO. <u>060928561</u>	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		STATE I.D. NO. _____ PURCHASE ORDER _____	
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature _____		Print Name <u>J. Pearson</u> Phone <u>277-6551</u>	
TRANSPORTER COMPANY _____		EPA IDENTIFICATION NO. _____	
ADDRESS _____		STATE I.D. CODE _____	
CITY _____ STATE _____		JOB I.D. NO. _____	
ZIP _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____		Print Name _____ Date Received _____	
TREATMENT/DISPOSAL FACILITY COMPANY <u>Dayton Landfill</u>		EPA IDENTIFICATION CODE NO. _____	
ADDRESS _____		STATE I.D. NO. _____	
CITY <u>DAYTON</u> STATE <u>OHIO</u>		JOB NO. _____	
ZIP _____		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____		Print Name _____ Date _____	





DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 113790

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>J. REARDON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 YRS.</u>		<u>DELCO / GMC / MOTOR</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-17-85</u>	EPA IDENTIFICATION CODE NO. <u>OH0060728561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>REARDON</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. A11778

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>NON HAZ</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>[Signature]</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30-125</u>		<u>FLY ASIT</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-13-85</u>		EPA IDENTIFICATION CODE NO. <u>OH1006928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>ST. PEARSON</u>		Phone <u>227-6311</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. Dayton Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 13779

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Not Hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>Fire Department</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 yds</u>		<u>Toxic / Waste</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-14-85</u>		EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1220 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>Richard</u>		Phone <u>227 6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAVE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>Sanitation / Waste</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13780

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Non Hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>313-255-0247</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 WTS</u>		<u>FLY ASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-14-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928-61</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>10 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>REARDON</u>	Phone <u>3276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Eico Moraine  
12871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 137819

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>NON HAZARDOUS</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>CRABTREE</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS.</u>		<u>FLYASH</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>2-16-85</u>	EPA IDENTIFICATION CODE NO. <u>OH 06028561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45407</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature _____	Print Name <u>TERRELL</u>	Phone <u>252-6391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>S.A.M.E.</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. J. A. TION / LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. A3790

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Now Non-Hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>SEARSON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non X/A2</u>		<u>30 yds.</u>		<u>Boards / Wood</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-16-85</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. HEARSON</u>		Phone <u>227 6341</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 13795

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____
<i>NON HAZARDOUS</i>	
IN CASE OF EMERGENCY, NOTIFY: <i>J. Reardon</i>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>NON HAZ</i>		<i>30405</i>		<i>BOXES / BANDS</i>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <i>2-19-85</i>	EPA IDENTIFICATION CODE NO. <i>OHIO 060928561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>	STATE I.D. NO. _____		
ADDRESS <i>120 WISCONSIN BLVD.</i>	PURCHASE ORDER _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <i>J. Reardon</i>	Print Name <i>J. REARDON</i>	Phone <i>227-6391</i>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY _____	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY <i>S. Dayton Landfill</i>	EPA IDENTIFICATION CODE NO. _____		
COMPANY _____	STATE I.D. NO. _____		
ADDRESS <i>Cuyton</i>	JOB NO. _____		
CITY <i>Cuyton</i>	STATE <i>Ohio</i>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13892

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>NON HAZ</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>SCARSON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS.</u>		<u>FLUOR</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-2-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORAINES DIV. GM</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>SCARSON</u>		Phone <u>227 6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON / 12354</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13803

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 YDS.</u>		<u>Scrap Wood</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-25</u>		EPA IDENTIFICATION CODE NO. <u>61-1560128-101</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>DEAN</u>		Phone <u>2-767-221</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>State</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. J. Taylor</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13804

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		5000		FLYASH

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>5-25-85</u>	EPA IDENTIFICATION CODE NO. <u>04-080928161</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature _____	Print Name <u>J. MORAN</u>	Phone <u>276341</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>JAFFE</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13813

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>Non</u> <u>Hazardous</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>214-214-214</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 VLS</u>		<u>SCAFF WOOD</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>2-27-85</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>40 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>KEARNEY</u>	Phone <u>227-6391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAINT</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. A3816

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>800-450-5551</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non HA-2</u>		<u>30 yds.</u>		<u>HAZ</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR <u>DELCO MORaine DIV. GMC</u>		DATE SHIPPED <u>1-27-85</u> EPA IDENTIFICATION CODE NO. <u>OH-2060928-81</u>		
COMPANY NAME <u>1120 WISCONSIN BLVD.</u>		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. REASON</u>		Phone <u>227 6791</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>J. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 1382

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>SPRINTON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS.</u>		<u>FLASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-1-85</u>	EPA IDENTIFICATION CODE NO. <u>OHIO 06028561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>SPRINTON</u>	Phone <u>226-391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAITE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SAITE</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13826

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <u>Non Hazardous</u>  IN CASE OF EMERGENCY, NOTIFY: <u>Delco Moraine</u>				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>500 lbs.</u>		<u>500 lbs. wood</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-2-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928:61</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>[Name]</u>		Phone <u>2076391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 13828

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Hazardous</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>9. 783.2100</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30 yds.</u>		<u>SCRAP WOOD</u>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>3-4-85</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>				STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. T. ...</u>		Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SA...</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. ...</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>Dayton</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13829

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>Non Hazardous</i>					
IN CASE OF EMERGENCY, NOTIFY: <i>TEARAD</i>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Non Haz</i>		<i>30 yds.</i>		<i>Scale 2000/ton</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED _____		EPA IDENTIFICATION CODE NO. <i>OH2060728561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____			
ADDRESS <i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____			
CITY <i>DAYTON</i>		STATE <i>OHIO</i>		ZIP <i>45401</i> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <i>[Signature]</i>		Print Name <i>J. TEARAD</i>		Phone <i>227-6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <i>SAME</i>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <i>DAYTON LANDFILL</i>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <i>DAYTON</i>		STATE <i>OHIO</i>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR





# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11383

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>J. Kearon</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 yds</u>		<u>FL. 19517</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-6-83</u>	EPA IDENTIFICATION CODE NO. <u>OH10060908561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>J. Kearon</u>		Print Name <u>J. KEARON</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Sum</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. Dayton Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

**NO.** 198☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>Non Hazardous</i>					
IN CASE OF EMERGENCY, NOTIFY: <i>See 22nd</i>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Non Haz</i>		<i>30 DR</i>		<i>FLASH</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-7-85</u>		EPA IDENTIFICATION CODE NO. <u>040060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <i>[Signature]</i>		Print Name <i>See 22nd</i>		Phone <u>222 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>Same</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>C. Dayton Landfill</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>Dayton</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

**NO.** 11784

DM 2871 REV 11/80

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>614-251-1111</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>20 YDS.</u>		<u>SCRAP WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-9-85</u>	EPA IDENTIFICATION CODE NO. <u>OH-060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>PEARSON</u>	Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAVE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 13848

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center;"><i>Non Hazardous</i></div>  IN CASE OF EMERGENCY, NOTIFY: <u>2-276371</u>			NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30 YLL</i>		<i>SC RAP W/02</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-11-85</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS</u>		Phone <u>2276371</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 12847

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>212-222-2222</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YLL.</u>		<u>FLUASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-11-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 050928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>				STATE I.D. NO. _____
ADDRESS <u>1420 WISCONSIN BLVD.</u>				PURCHASE ORDER _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. KEMERSON</u>		Phone <u>227-6701</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13851

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Non Hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>REARION</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 YDS.</u>		<u>FLYASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-13-85</u>		EPA IDENTIFICATION CODE NO. <u>OH D060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1320 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP <u>45401</u>		PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the appropriate regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>REARION</u>		Phone <u>227 6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JANE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____ STATE _____		ZIP _____		PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP _____		PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 113852

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Hazardous</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>Person</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 yds</u>		<u>Scrap metal</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-17-85</u>		EPA IDENTIFICATION CODE NO. <u>014-060928551</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to <u>49 CFR 173.155</u> regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>Person</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>Same</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON Landfill</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

NO. 1385

DM 2871 REV 11/80

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <u>NON HAZARDOUS</u>  IN CASE OF EMERGENCY, NOTIFY: <u>REAR DON</u>				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 lbs.</u>		<u>WOOD - 2000</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-15-85</u>		EPA IDENTIFICATION CODE NO. <u>045060928-61</u>	
COMPANY NAME <u>ICO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAIME</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____ STATE _____ ZIP _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>J. DAYTON LOWELL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR





# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 13859

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<i>Not Hazardous</i>	
IN CASE OF EMERGENCY, NOTIFY: <i>DELRON</i>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>NON HAZ</i>		<i>30 YD.</i>		<i>FLYASH</i>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <i>3-16-85</i>	EPA IDENTIFICATION CODE NO. <i>OH060928561</i>	
COMPANY NAME	DELCO MORaine DIV. GMC		STATE I.D. NO. _____
ADDRESS	1420 WISCONSIN BLVD.		PURCHASE ORDER _____
CITY	DAYTON	STATE OHIO	ZIP 45401 PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <i>[Signature]</i>	Print Name <i>DELRON</i>	Phone <i>227-6391</i>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY	SAME		STATE I.D. CODE _____
ADDRESS			JOB I.D. NO. _____
CITY		STATE _____	ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY	S. DAYTON Landfill		STATE I.D. NO. _____
ADDRESS			JOB NO. _____
CITY	DAYTON	STATE OHIO	ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13867

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Emergency</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30705</u>		<u>FLYASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-17-85</u>	EPA IDENTIFICATION CODE NO. <u>OH-160928561</u>	
COMPANY NAME <u>GM</u>		STATE I.D. NO. _____	PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>				
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>James</u>	Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. J. A. TON</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 13222

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>5000</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Hazard</u>		<u>30 yds.</u>		<u>FLYASH</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>3-17-85</u>		EPA IDENTIFICATION CODE NO. <u>OH-060928561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	<u>45401</u>	ZIP	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>		Phone <u>227 6371</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY <u>DAYTON</u>		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>J. REARDON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 13723

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>Non Hazardous</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>Delco Moraine</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 yds.</u>		<u>FLYASH</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>3-17-85</u>	EPA IDENTIFICATION CODE NO. <u>042060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>120 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>CREMONA</u>	Phone <u>2276791</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>Some</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>J. DAYTON</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>Day</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

NO. 41864

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Hazardous</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>See Manual</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 YDS.</u>		<u>SCRAP WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-17-85</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>				STATE I.D. NO. _____	
ADDRESS <u>120 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>James E. [Signature]</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>[Signature]</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>5-2787114 / 10235111</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 113865

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>PERSON</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30 YDS.</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-18-85</u>		EPA IDENTIFICATION CODE NO. <u>01-0060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>PERSON</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13817

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 Yds</u>		<u>Concrete</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-18-85</u>	EPA IDENTIFICATION CODE NO. <u>0143060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>PEARSON</u>	Phone <u>7276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Siame</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>J. Dayton Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 43818

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: <u>620200</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>N.Y.</u>		<u>30000</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-18-85</u>	EPA IDENTIFICATION CODE NO. <u>OH D060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>REYNOLDS</u>	Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>[Signature]</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR





**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 13269

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NH</u>		<u>30-100</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-18-85</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>[Name]</u>	Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SMC</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. J. A. TON / ANDERSON</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAY</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 11870

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
NH		30 YDS.		CONCRETE
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-18-85</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>TRACON</u>		Phone <u>727 6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 13871

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>Delco Moraine</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>N. 21.</u>		<u>30 YDS</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-18-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>KEARSON</u>		Phone <u>7776391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u> </u>		STATE I.D. CODE _____		
ADDRESS <u> </u>		JOB I.D. NO. _____		
CITY <u> </u>		STATE <u> </u>	ZIP <u> </u>	PHONE <u> </u>
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS <u> </u>		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP <u> </u>	PHONE <u> </u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR   CANARY-TSPF COPY   PINK-TRANSPORTER COPY   GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 13872

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>709-250-1</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NH</u>		<u>30 yd</u>		<u>CONCRETE</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>3-19-85</u>	EPA IDENTIFICATION CODE NO. <u>H2060428561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>FEARON</u>	Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. Day, Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine  
DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13879

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>Non Hazardous</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>REARSON</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Hazard</i>		<i>30 YDS.</i>		<i>TOYER WOOD</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <i>7-19-87</i>	EPA IDENTIFICATION CODE NO. <i>2110060928561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>1120 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>[Signature]</i>		Print Name <i>REARSON</i>	Phone <i>2276391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>JAME</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>S. J. ATON LANDFILL</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 13825

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>See below</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>New U-2</u>		<u>30 YDS</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-19-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME		STATE I.D. NO.		
ADDRESS		PURCHASE ORDER		
CITY	<u>DAYTON</u>	STATE	<u>OHIO</u>	ZIP <u>45401</u> PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>T. Gordon</u>		Phone _____
TRANSPORTER		EPA IDENTIFICATION NO.		
COMPANY		STATE I.D. CODE		
ADDRESS		JOB I.D. NO.		
CITY		STATE		ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO.		
COMPANY		STATE I.D. NO.		
ADDRESS		JOB NO.		
CITY	<u>DAYTON</u>	STATE	<u>OHIO</u>	ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 43876

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>SCOTT MORRIS</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>31 YDS.</u>		<u>TIRES/BANDS</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-19-85</u>	EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORRIS DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>TERRELL</u>	Phone <u>222/6701</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAM E</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAY LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.NO. 13877

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO.    TRACTOR NO.	
<u>NON HAZ</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>REARSON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 TONS</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-19-15</u>	EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>REARSON</u>	Phone <u>2276791</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>S. AME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. S. S. Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>1</u>		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR





**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 43879

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
NH		30 yds.		CONCRETE	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-19-85</u>		EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>KEESON</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>Sam E</u>		JOB I.D. NO. _____		PHONE _____	
ADDRESS _____		CITY _____ STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>Dayton Landfill</u>		JOB NO. _____		PHONE _____	
ADDRESS _____		CITY <u>Dayton</u> STATE <u>OHIO</u>		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 13880

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>CR. J. DOW</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30 YDS</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-19-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928581</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>CR. J. DOW</u>		Phone <u>7-76241</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>[Signature]</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____ STATE _____ ZIP _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 13881

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
<p style="text-align: center; font-size: 1.2em;"><i>Non Haz</i></p>					
<p>IN CASE OF EMERGENCY, NOTIFY: <u>PEARSON</u></p>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>N. H.</i>		<i>30 YDS.</i>		<i>CONCRETE</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-19-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928181</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>					
Signature _____		Print Name <u>PEARSON</u>		Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAME</u>		JOB I.D. NO. _____		PHONE _____	
ADDRESS _____		CITY _____ STATE _____ ZIP _____		PHONE _____	
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>S. DAY LANE</u>		JOB NO. _____		PHONE _____	
ADDRESS _____		CITY <u>Day</u> STATE <u>OH</u> ZIP <u>45410</u>		PHONE _____	
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>					
Signature _____		Print Name _____		Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 13882

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center;">Now 1/92</div>  IN CASE OF EMERGENCY, NOTIFY: <u>Waste</u>				NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 yds</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:  					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-20-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>PEARSON</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>Same</u>		JOB I.D. NO. _____		PHONE _____	
ADDRESS _____		CITY _____ STATE _____ ZIP _____		DATE RECEIVED _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>S.S.A. Landfill</u>		JOB NO. _____		PHONE _____	
ADDRESS _____		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____		DATE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.NO. 13883

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>11 H</u>		<u>30 yds</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-20-85</u>		EPA IDENTIFICATION CODE NO. <u>060728T61</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>JEFFERSON</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY <u>LANDFILL</u>		EPA IDENTIFICATION CODE NO. _____			
COMPANY _____		STATE I.D. NO. _____			
ADDRESS <u>DAYTON</u>		JOB NO. _____			
CITY _____		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 123884

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____  TRAILER NO.    TRACTOR NO.	
<div style="text-align: center;"><i>Non Haz</i></div>				
IN CASE OF EMERGENCY, NOTIFY: <u>SEASON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>M. 4.</i>		<i>30 YDS.</i>		<i>CONCRETE</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-20-85</u>	EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>20 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>SEASON</u>	Phone <u>727 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. S. A. / 10025111</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 13885

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center;">N. 4.</div>			NET WT. _____  TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
N 4		50 yds		CONCRETE
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-2-87</u>		EPA IDENTIFICATION CODE NO. <u>OH 305072 F 761</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	<u>45401</u>	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>DEAN</u>		Phone <u>2276391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 17807

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>4. 1/1</u>		<u>7. 1/1</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-20-85</u>	EPA IDENTIFICATION CODE NO. <u>21450602856</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>PERDUE</u>	Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JANE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAY</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13888

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____  TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Y. L.</u>		<u>70 YL</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-10-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 06028561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>James E. ...</u>		Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>James E.</u>		JOB I.D. NO. _____		PHONE _____	
ADDRESS _____		CITY _____		STATE _____	
CITY _____		ZIP _____		DATE RECEIVED _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>J. Day / ...</u>		JOB NO. _____		PHONE _____	
ADDRESS _____		CITY <u>DAY</u>		STATE <u>OHIO</u>	
CITY _____		ZIP _____		DATE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

**NO.** 13887

DM 2871 REV 11/80

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>M.U.</u>		<u>30 yds.</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-21-87</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>John J. ...</u>	Phone <u>227 6341</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>...</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>...</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>...</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 13890

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____  TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>4.11</u>		<u>30 yds.</u>		<u>CEMENT</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-4-85</u>		EPA IDENTIFICATION CODE NO. <u>0000000001</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
STATE <u>OHIO</u>		ZIP <u>45401</u>			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name _____		Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>Same</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		PHONE _____	
STATE _____		ZIP _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>Day Landfill</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>Dayton</u>		PHONE _____	
STATE <u>OHIO</u>		ZIP _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 117891

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>NON HAZ</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>SEARSON</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 IDS</u>		<u>CONCRETE</u>

MATERIAL DISPOSITION	
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>3-21-85</u> EPA IDENTIFICATION CODE NO. <u>117891</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.	
Signature <u>[Signature]</u> Print Name <u>SEARSON</u>	Phone _____
TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>[Signature]</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature _____ Print Name _____	Date Received _____
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>S. DAY LANDFILL</u>	STATE I.D. NO. _____
ADDRESS _____	JOB NO. _____
CITY <u>DAY</u> STATE <u>OHIO</u> ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature _____ Print Name _____	Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 17892

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Center</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NH</u>		<u>30 YD.</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-21-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 06092 F 561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>PEARLIN</u>		Phone _____
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u> </u>		STATE I.D. CODE _____		
ADDRESS <u> </u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. J. ...</u>		STATE I.D. NO. _____		
ADDRESS <u> </u>		JOB NO. _____		
CITY <u>Day</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 11893

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZ</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>EMERSON</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NH</u>		<u>30 yd.</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-21-85</u>		EPA IDENTIFICATION CODE NO. <u>OH506928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>PEARSON</u>		Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>JAN E</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAY LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAY</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13894

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>NON-HAZ.</i>				
<i>2000</i>				
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>N. H.</i>		<i>30 yds</i>		<i>CONCRETE</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <i>3-21-85</i>	EPA IDENTIFICATION CODE NO. <i>OH 060928561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>[Signature]</i>		Print Name <i>TERPSON</i>	Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>SAME</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>S. DAYTON LANDFILL</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 43893

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>N. 41</u>		<u>30 YDS</u>		<u>CONCRETE</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>3-22-88</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>REARDEN</u>		Phone _____
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 13871

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em;">NON HAZ</div>  IN CASE OF EMERGENCY, NOTIFY: <u>600000</u>				NET WT. _____  TRAILER NO.    TRACTOR NO.	
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>N. 11</u>		<u>30 125</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-22-85</u>		EPA IDENTIFICATION CODE NO. <u>OH06000501</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>STEVENSON</u>		Phone <u>527-6791</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP _____		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13899

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO.    TRACTOR NO.	
<div style="text-align:center"><i>Not Haz</i></div>				
IN CASE OF EMERGENCY, NOTIFY: <u>SCORPION</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>NON HAZ</i>		<i>30 YDS</i>		<i>CONCRETE</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-21-85</u>	EPA IDENTIFICATION CODE NO. <u>OH D060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45404</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>REARSON</u>	Phone <u>227 6791</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 43709

<b>EMERGENCY INFORMATION</b>		<b>SCALE INFORMATION</b>		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO.    TRACTOR NO.		
IN CASE OF EMERGENCY, NOTIFY: <u>REGION</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>11H</u>		<u>30 yd.</u>		<u>CONCRETE</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
<b>ADDITIONAL INFORMATION:</b>				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>3-22-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>		Phone <u>2976391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.NO. 13905

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Fire Dept</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS.</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-25-85</u>	EPA IDENTIFICATION CODE NO. <u>OH 660728761</u>	
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>CHERRY</u>	Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>AME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SAINTON Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>SAINTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 13908

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em;">Non Haz</div>  IN CASE OF EMERGENCY, NOTIFY: <u>FEARSON</u>				NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 YDS.</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-22-85</u>		EPA IDENTIFICATION CODE NO. <u>OH: 060928:61</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>FEARSON</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>Jane</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SECTION LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 13907

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>See below</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non-Haz</u>		<u>30 RS</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>				STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>PEARSON</u>		Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>JANE</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY <u>Landfill</u>		EPA IDENTIFICATION CODE NO. _____			
COMPANY _____		STATE I.D. NO. _____			
ADDRESS <u>Dayton</u>		JOB NO. _____			
CITY _____		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 43908

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>708-2500</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NH</u>		<u>20 YDS.</u>		<u>Concrete</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-25-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>CREARSON</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>JAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____ STATE _____		ZIP _____ PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. J. A. TON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP _____ PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. A3909

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	
<u>Van 1102</u>	
	NET WT. _____
IN CASE OF EMERGENCY, NOTIFY: <u>2-22-85</u>	TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Van 1102</u>		<u>30 yds.</u>		<u>FLYASH</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>3-22-85</u>	EPA IDENTIFICATION CODE NO. <u>045060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>J. R. [Name]</u>	Phone <u>2276391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAVE</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON Landfill</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 13810

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO.    TRACTOR NO.	
<i>Non Hazardous</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>Fire</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30 yds</i>		<i>Scrap Wood</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <i>3-22-85</i>	EPA IDENTIFICATION CODE NO. <i>OH-060928561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>20 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>[Signature]</i>		Print Name <i>TCARRON</i>	Phone <i>2276391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>DAYTON Landfill</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 13913

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Not Hazardous</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>662-2000</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 YDS.</u>		<u>FLY ASH</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-23-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 5060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to <u>49 CFR 173.15</u> regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>TERENCE BON</u>		Phone <u>227 6701</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>Same</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. LAYTON</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 77913

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>300 lbs.</u>		<u>Oil / Base</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-23-85</u>		EPA IDENTIFICATION CODE NO. <u>045060/28561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>Tramson</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>JAME</u>		JOB I.D. NO. _____		PHONE _____	
ADDRESS _____		CITY _____		STATE _____	
CITY _____		STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>S. DAYTON LANDFILL</u>		JOB NO. _____		PHONE _____	
ADDRESS _____		CITY <u>DAYTON</u>		STATE <u>OHIO</u>	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 439174

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. TRACTOR NO.		
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NEW 1102</u>		<u>31 YDS.</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-22-85</u>		EPA IDENTIFICATION CODE NO. <u>014-060928561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>RE-22761</u>	Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JAMES</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13912

<b>EMERGENCY INFORMATION</b>		<b>SCALE INFORMATION</b>		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____  TRAILER NO.    TRACTOR NO.		
<div style="text-align: center; font-size: 1.2em;">NON HAZ</div>				
IN CASE OF EMERGENCY, NOTIFY: <u>SPRINGER</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
NON HAZ		30 YLL		CONCRETE
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
<b>ADDITIONAL INFORMATION:</b>				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>3-26-88</u>		EPA IDENTIFICATION CODE NO. <u>04-060728761</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>SPRINGER</u>		Phone _____
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____		ZIP _____    PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SAE</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____    PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 13919

<b>EMERGENCY INFORMATION</b>	<b>SCALE INFORMATION</b>
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>Not Hazardous</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>SCORPION</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 yds.</u>		<u>CONCRETE</u>

**MATERIAL DISPOSITION**

☐ RECLAMATION  
 ☐ INCINERATION  
 ☒ LANDFILL  
 ☐ OTHER (Specify) \_\_\_\_\_

**ADDITIONAL INFORMATION:**

**CERTIFICATION**

GENERATOR DATE SHIPPED 3-25-85 EPA IDENTIFICATION CODE NO. OH 060928561  
 COMPANY NAME DELCO MORaine DIV. GMC STATE I.D. NO. \_\_\_\_\_  
 ADDRESS 1120 WISCONSIN BLVD. PURCHASE ORDER \_\_\_\_\_  
 CITY DAYTON STATE OHIO ZIP 45401 PHONE \_\_\_\_\_

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature \_\_\_\_\_ Print Name SCORPION Phone 227 6391

TRANSPORTER EPA IDENTIFICATION NO. \_\_\_\_\_  
 COMPANY Same STATE I.D. CODE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ JOB I.D. NO. \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. \_\_\_\_\_  
 COMPANY DAYTON LANDFILL STATE I.D. NO. \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ JOB NO. \_\_\_\_\_  
 CITY DAYTON STATE OHIO ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 1131910

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>None</u>					
<u>None</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>Fire Dept.</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>None</u>		<u>200 lbs.</u>		<u>Flammable</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>2-26-81</u>		EPA IDENTIFICATION CODE NO. <u>45060922561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GM</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name _____		Phone <u>227-6201</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>S. J. TAYLOR</u>		JOB I.D. NO. _____		PHONE _____	
ADDRESS _____		CITY _____ STATE _____ ZIP _____		DATE RECEIVED _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>S. J. TAYLOR</u>		JOB NO. _____		PHONE _____	
ADDRESS _____		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____		DATE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 73721

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>1-800-451-1234</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Ha-</u>		<u>30 yds</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-26-81</u>	EPA IDENTIFICATION CODE NO. <u>115060921561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. Reisman</u>	Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. J. J. Inc.</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 43942

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>See back</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Asphalt</u>		<u>30 yds.</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-26-85</u>		EPA IDENTIFICATION CODE NO. <u>EXB160428161</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>Richard</u>		Phone <u>2276391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>James</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>Dayton Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** A3926

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: <u>  1-800-221-2222  </u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz.</u>		<u>30 YLL</u>		<u>FLYASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-26-85</u>		EPA IDENTIFICATION CODE NO. <u>4300918181</u>
COMPANY NAME <u>DELCO MORaine DIV. GMD</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. K. Korman</u>	Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>J. K. Korman</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>J. K. Korman</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 113937

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>None</u>	
<u>None</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>None</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>None</u>		<u>30 YDS</u>		<u>SCAFFOLD</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION	
GENERATOR COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	DATE SHIPPED <u>3-26-88</u> EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
ADDRESS <u>1420 WISCONSIN BLVD.</u>	STATE I.D. NO. _____
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>	PURCHASE ORDER _____
PHONE _____	

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature <u>[Signature]</u>	Print Name <u>CRISTIAN</u>	Phone <u>257 679</u>
------------------------------	----------------------------	----------------------

TRANSPORTER COMPANY <u>SAME</u>	EPA IDENTIFICATION NO. _____
ADDRESS _____	STATE I.D. CODE _____
CITY _____	JOB I.D. NO. _____
STATE _____	ZIP _____
PHONE _____	

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature _____	Print Name _____	Date Received _____
-----------------	------------------	---------------------

TREATMENT/DISPOSAL FACILITY COMPANY <u>DAYTON / DAYTON</u>	EPA IDENTIFICATION CODE NO. _____
ADDRESS _____	STATE I.D. NO. _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	JOB NO. _____
ZIP _____	PHONE _____

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature _____	Print Name _____	Date _____
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**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 13938

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: _____				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>1 H</u>		<u>30 YD</u>		<u>CONCRETE</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>3-27-81</u>	EPA IDENTIFICATION CODE NO. <u>01-060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>KEARSON</u>	Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Amc</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON / WILCO</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 113929

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>M. H.</u>		<u>50 yds.</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>2-17-81</u>		EPA IDENTIFICATION CODE NO. <u>113929551</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to <u>Ohio 060908561</u> regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>TRERAGINI</u>		Phone <u>2076391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SANC</u>		JOB I.D. NO. _____		PHONE _____	
ADDRESS _____		CITY _____ STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>S. J. TOW</u>		JOB NO. _____		PHONE _____	
ADDRESS _____		CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

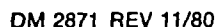
# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 139130

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>See Section</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS.</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: <u>8</u>				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-28-85</u>	EPA IDENTIFICATION CODE NO. <u>OHIO 060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>W. P. GARRIN</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>TRUCK</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON / 102500</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



NO. 43931

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13932

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
N.H.		31.103		CONCRETE

MATERIAL DISPOSITION	
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>3-27-81</u> EPA IDENTIFICATION CODE NO. <u>OH D060928701</u>
COMPANY NAME <u>DELCO MORAINÉ DIV. GMC</u>	STATE I.D. NO. _____
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.	
Signature <u>[Signature]</u> Print Name <u>C. J. JORDAN</u>	Phone <u>2276391</u>
TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>JAMC</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____ STATE _____	ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature _____	Print Name _____ Date Received _____
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>DAYTON LANDFILL</u>	STATE I.D. NO. _____
ADDRESS _____	JOB NO. _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature _____	Print Name _____ Date _____

WHITE-RETURN TO GENERATOR   CANARY-TSPF COPY   PINK-TRANSPORTER COPY   GOLD-GENERATOR





NO. 712933

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 13935

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>  </u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 yds.</u>		<u>FLASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-27-85</u>		EPA IDENTIFICATION CODE NO. <u>42060928-61</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>  </u>		Phone <u>2276391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>  </u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>  </u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11936

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NH</u>		<u>30 YD</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-28-85</u>		EPA IDENTIFICATION CODE NO. <u>01205028561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>CRISTON</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>C. S. Dutton Inc</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 43937

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>1/2</i>		<i>30</i>		<i>CONCRETE</i>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>3-28-88</u> EPA IDENTIFICATION CODE NO. <u>OH D0012851</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.	
Signature <u>[Signature]</u> Print Name <u>CLARKSON</u>	Phone <u>727 6791</u>
TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>Same</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____ STATE _____	ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature _____	Print Name _____ Date Received _____
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>S. J. TAYLOR &amp; SONS</u>	STATE I.D. NO. _____
ADDRESS _____	JOB NO. _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature _____	Print Name _____ Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 43938

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>  CERAMIC  </u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NH</u>		<u>30 YDS.</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-28-75</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>				STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the appropriate regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>LEARDAN</u>		Phone <u>227 1391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAY / D. DAY</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 112939

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZ</u>					
IN CASE OF EMERGENCY, NOTIFY: _____					
_____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non HAZ</u>		<u>30 yds.</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>7-28-85</u>		EPA IDENTIFICATION CODE NO. <u>OH-060728161</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMCO</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>REASON</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>Same</u>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____	
PHONE _____		This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>S. DAY. LANDFILL</u>		ADDRESS _____		JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	
PHONE _____		This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____		Print Name _____		Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 43740

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center;"><i>Non Haz</i></div>  IN CASE OF EMERGENCY, NOTIFY: <u>2-2-1200</u>				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Non Haz</i>		<i>30 yd</i>		<i>Concrete</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-28-85</u>		EPA IDENTIFICATION CODE NO. <u>OHIO 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>CRISTIAN</u>		Phone <u>2-7 6351</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>S. DAY</u>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>S. DAY</u>		ADDRESS _____		JOB NO. _____	
CITY <u>Dayton</u>		STATE <u>OHIO</u>		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 43747

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>N.D.</u>		<u>30 YDS.</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-2-85</u> EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>		
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>[Name]</u> Phone <u>2-76391</u>		
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____ STATE _____		ZIP _____ PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____ Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. D. T. Co.</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u> STATE <u>OHIO</u>		ZIP _____ PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____ Date _____		

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 13773

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>FEARSON</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>11/2" / 10"</u>		<u>30 IN</u>		<u>POYER / WOOD</u>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>7-28-85</u>		EPA IDENTIFICATION CODE NO. <u>AND 050920161</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>FEARSON</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 13945

<b>EMERGENCY INFORMATION</b>		<b>SCALE INFORMATION</b>		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO.    TRACTOR NO.		
<u>Now Haz</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>Call 1-800-555-5555</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Now Haz</u>		<u>20 yds</u>		<u>Concrete</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>3-23-10</u>		EPA IDENTIFICATION CODE NO. <u>45401</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>KEITH</u>		Phone _____
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>J.M.C.</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY <u>Dayton Landfill</u>		EPA IDENTIFICATION CODE NO. _____		
COMPANY _____		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 13946

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Fire Dept</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non-haz</u>		<u>30 yds.</u>		<u>Concrete</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-27-85</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>DEAN</u>		Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>Same</u>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____	
PHONE _____		This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>SAI, Inc.</u>		ADDRESS _____		JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	
PHONE _____		This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 43947

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>CHERSON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>31 yds.</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-27-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>CHERSON</u>		Phone _____
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. J. J. / 1025111</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13948

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>  </u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 yds</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-27-85</u>		EPA IDENTIFICATION CODE NO. <u>OH1206020561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>Charles</u>		Phone _____
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JANE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAY. LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13949

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>  CARRON  </u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 yds.</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-29-85</u> EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>		
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>CARRON</u> Phone _____		
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Time</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____ STATE _____		ZIP _____ PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____ Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. D. ...</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP _____ PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____ Date _____		



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13957

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Now Haz</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>SCOTT DOW</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Now Haz</u>		<u>30 yds.</u>		<u>Concrete</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-29-85</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>Scott Dow</u>	Phone <u>227-6791</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>[Signature]</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. LAY. Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Day</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. A3952

## EMERGENCY INFORMATION

### IMMEDIATE RESPONSE INFORMATION

None

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_

## SCALE INFORMATION

NET WT. \_\_\_\_\_

TRAILER NO. \_\_\_\_\_ TRACTOR NO. \_\_\_\_\_

## SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NH</u>		<u>30 Y.</u>		<u>CONCRETE</u>

## MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) \_\_\_\_\_

## ADDITIONAL INFORMATION:

## CERTIFICATION

GENERATOR DATE SHIPPED 3-29-88 EPA IDENTIFICATION CODE NO. 04-150928161

COMPANY NAME DELCO MORaine DIV. GMC STATE I.D. NO. \_\_\_\_\_

ADDRESS 1420 WISCONSIN BLVD. PURCHASE ORDER \_\_\_\_\_

CITY DAYTON STATE OHIO ZIP 45401 PHONE \_\_\_\_\_

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name [Signature] Phone \_\_\_\_\_

TRANSPORTER EPA IDENTIFICATION NO. \_\_\_\_\_

COMPANY [Signature] STATE I.D. CODE \_\_\_\_\_

ADDRESS \_\_\_\_\_ JOB I.D. NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. \_\_\_\_\_

COMPANY [Signature] STATE I.D. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ JOB NO. \_\_\_\_\_

CITY DAYTON STATE OHIO ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_





**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 13953

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: _____				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>W/H</u>		<u>30 Y.</u>		<u>CONCRETE</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>3-27-85</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>[Signature]</u>	Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>[Signature]</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 13954

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: _____					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
NON HAZ		5000		CONCRETE	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>3-22-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>T. E. ...</u>		Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>J. A. ...</u>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>...</u>		ADDRESS _____		JOB NO. _____	
CITY <u>...</u>		STATE <u>OHIO</u>		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 113955

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>See bottom</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YD</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-29-85</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS <u>1420 WISCONSIN BLVD.</u>				
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>FRIZZON</u>		Phone <u>2276591</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



# ENVIRONMENTAL MANIFEST

NO. 13778

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>  </u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NOV 1/82</u>		<u>30 YLS.</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-27-85</u>	EPA IDENTIFICATION CODE NO. <u>OH-067128561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>  </u>	Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. SAITON / RACELL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 47758

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____  TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non-Haz</u>		<u>30 - 100</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-5-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>CRADON</u>		Phone <u>7076791</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAUCE</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SAUCE</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 13959

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
NH		30 - 12.		CONCRETE
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-2-80</u>	EPA IDENTIFICATION CODE NO. <u>AD-109-2561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>REARIN</u>	Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. J. ...</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. A3960

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZ</u>					
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30 yds</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-30-85</u>		EPA IDENTIFICATION CODE NO. <u>043 060928581</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>[Name]</u>		Phone <u>3-71391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SITING</u>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____	
PHONE _____		This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>Dayton Landfill</u>		ADDRESS _____		JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	
PHONE _____		This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 13963

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>Non Hazardous</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>See label</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>20 YLS</i>		<i>Concrete</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <i>11-1-80</i>	EPA IDENTIFICATION CODE NO. <i>OH 060928561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>[Signature]</i>		Print Name <i>See label</i>	Phone <i>2276341</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>[Signature]</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>S. Davis / Dayton</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>Dayton</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 43767

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZARDOUS				
IN CASE OF EMERGENCY, NOTIFY: <u>C. McCloskey</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
NON HAZ.		30,105		CONCRETE
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>4-2-85</u>	EPA IDENTIFICATION CODE NO. <u>OH0 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>MILLON</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LAND FILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. A3968

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>C. McCloskey</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz.</u>	<u>2</u>	<u>30 YD</u>		<u>FLY ASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>4-2-85</u>		EPA IDENTIFICATION CODE NO. <u>01HDC0928561</u>
COMPANY NAME				STATE I.D. NO.
ADDRESS				PURCHASE ORDER
CITY		STATE	ZIP	PHONE
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>S. MILLON</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO.		
COMPANY <u>SAME</u>				STATE I.D. CODE
ADDRESS				JOB I.D. NO.
CITY		STATE	ZIP	PHONE
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO.		
COMPANY <u>S. DAYTON LANDFILL</u>				STATE I.D. NO.
ADDRESS				JOB NO.
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP	PHONE
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 41973

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>C. Mc (Tuskey)</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz.</u>		<u>30 Yds</u>		<u>SCRAP WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR <u>DELCO MORaine DIV GMC</u> DATE SHIPPED <u>4-4-85</u> EPA IDENTIFICATION CODE NO. <u>01-030692-561</u>				
COMPANY NAME <u>20 WISCONSIN BLVD.</u> STATE I.D. NO. _____				
ADDRESS <u>DAYTON</u> <u>OHIO</u> <u>45401</u> PURCHASE ORDER _____				
CITY _____ STATE _____ ZIP _____ PHONE _____				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Stu M...</u> Print Name <u>M...</u> Phone <u>227-6341</u>				
TRANSPORTER EPA IDENTIFICATION NO. _____				
COMPANY <u>Same</u> STATE I.D. CODE _____				
ADDRESS _____ JOB I.D. NO. _____				
CITY _____ STATE _____ ZIP _____ PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____ Print Name _____ Date Received _____				
TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____				
COMPANY <u>5. DAYTON LANDFILL</u> STATE I.D. NO. _____				
ADDRESS _____ JOB NO. _____				
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____ PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____ Print Name _____ Date _____				

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13977

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>New 402</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>216 282-2200</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>New 402</u>		<u>30 yds</u>		<u>FD 402-H</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>4-8-85</u>	EPA IDENTIFICATION CODE NO. <u>06028561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>PEARSON</u>	Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON / A-2211C</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

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GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 13984

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>NON HAZARDOUS</i>					
IN CASE OF EMERGENCY, NOTIFY: <i>SCARSON</i>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION		HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>			<i>30 yds</i>		<i>BOXES</i>
					<i>PAVES</i>
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <i>4-11-85</i>		EPA IDENTIFICATION CODE NO. <i>OH 3060928561</i>	
COMPANY NAME <i>DELCO MORAIN DIV. GMC</i>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <i>1120 WISCONSIN BLVD.</i>		CITY <i>DAYTON</i>		PHONE _____	
CITY _____		STATE <i>OHIO</i>		ZIP <i>45401</i>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <i>[Signature]</i>		Print Name <i>J. SCARSON</i>		Phone <i>2276391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <i>JAME</i>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <i>S. DAYTON LANDFILL</i>		ADDRESS _____		JOB NO. _____	
CITY <i>DAYTON</i>		STATE <i>OHIO</i>		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13987

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>SCRAP</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>20 YDS.</u>		<u>SCRAP WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>11-12-85</u>		EPA IDENTIFICATION CODE NO. <u>04-060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
STATE <u>OHIO</u>		ZIP <u>45401</u>			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>CRAMER</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAVE</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. J. LITTON</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

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GOLD-GENERATOR



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# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 4398

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>SCARF</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 yds.</u>		<u>SCARF WASTE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11-7-85</u>	EPA IDENTIFICATION CODE NO. <u>OHIO 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>KEARSON</u>	Phone <u>227-291</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAGE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. A3970

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>General</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 IN</u>		<u>WOOD / DOVES</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>4-13-85</u>	EPA IDENTIFICATION CODE NO. <u>OH 125428561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>James</u>	Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	





**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 13972

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: <u>CEP</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non</u> <u>102</u>		<u>30</u>		<u>FLYASH</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>4-1-85</u>		EPA IDENTIFICATION CODE NO. <u>OH1904928161</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>CEP</u>		Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>TAAC</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		PHONE _____	
CITY _____		STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON / ASFA</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

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Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11913

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>Johnson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non-Haz</u>		<u>30 WDS.</u>		<u>FLASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>4-15-85</u>		EPA IDENTIFICATION CODE NO. <u>GA-060128531</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>Johnson</u>		Phone <u>227 6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JA 205</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON</u>		STATE I.D. NO. _____		
ADDRESS <u>DAYTON</u>		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. A399

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____  TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>50 yds.</u>		<u>excavator head</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>4-16-85</u>	EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>J. REARSON</u>	Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SA 115</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON WAREHOUSE</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

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Delco Moraine

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# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 44026

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Non Haz</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>Person</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>70 yds.</u>		<u>SCRAP WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>4-20-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060728-61</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. T. TARRON</u>		Phone <u>327-6491</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>[Signature]</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

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Delco Moraine

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# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 44007

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 YRS.</u>		<u>WOOD / BOXES</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>4-20-85</u>		EPA IDENTIFICATION CODE NO. <u>OH060728-61</u>
COMPANY NAME <u>20 WISCONSIN BLVD.</u>		STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS _____		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>REASON</u>		Phone <u>22-1791</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JANE</u>		STATE I.D. CODE _____		JOB I.D. NO. _____
ADDRESS _____		CITY _____ STATE _____		ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>J. DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____
ADDRESS _____		CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.NO. 44008

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Hazardous</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>Person</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 yds.</u>		<u>CONCRETE / DIRT</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>4-20-85</u>		EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
STATE <u>OHIO</u>		ZIP <u>45401</u>			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>Person</u>		Phone <u>2226291</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>Same</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>Landfill</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>Dayton</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.NO. 4402

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>FLYING</u>		<u>30402</u>		<u>FLYING</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>4-16-85</u>		EPA IDENTIFICATION CODE NO. <u>OH0000000000</u>	
COMPANY NAME <u>DELCO MORaine DIV. GM</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
STATE <u>OHIO</u>		ZIP <u>45401</u>			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>NEARDOON</u>		Phone <u>227-8711</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>TRAIL</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		ZIP _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON LAND FILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>Dayton</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 14916

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Haz</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>SCARBOROUGH</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 TONS</u>		<u>TORES / WOOD / BANDS</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>4-24-85</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>SCARBOROUGH</u>	Phone <u>3976391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 14024

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>J. KEARON</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
NON HAZ		30/05		SCRAP WOOD
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>4-26-85</u>	EPA IDENTIFICATION CODE NO. <u>OH006572361</u>	
COMPANY NAME <u>DELCO MORaine EW. CMG</u>		STATE I.D. NO. _____		
ADDRESS <u>120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. KEARON</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>Edipton Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 114026

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>John Doe</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YLS.</u>		<u>SCRAP WOOD</u>
				<u>DOVE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>4-27-85</u>	EPA IDENTIFICATION CODE NO. <u>OH-060928161</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>PERKIN</u>	Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>[Signature]</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SEARSON</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 114027

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: <u>227 6391</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>120 yds</u>		<u>FLASH</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>4-27-85</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>CEPACON</u>	Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>B. Barton</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 14020

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____  TRAILER NO.    TRACTOR NO.	
<div style="text-align: center; font-size: 1.2em;">Noel / 11/20/80</div>				
IN CASE OF EMERGENCY, NOTIFY: <u>1-800-451-1001</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Noel / 11/20</u>		<u>30 yds</u>		<u>Small Wood Boxes</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>11/29/80</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name _____		Phone <u>227-1291</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____		ZIP _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. S. ...</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>		STATE <u>OHIO</u>		ZIP _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 14035

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<i>Non Hazardous</i>	
IN CASE OF EMERGENCY, NOTIFY: <i>See Section</i>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30 YLS</i>		<i>SCRAP WIRE &amp; CABLE STEEL</i>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 5-2-85 EPA IDENTIFICATION CODE NO. OH 060928561  
COMPANY NAME DELCO MORaine DIV. GMC STATE I.D. NO. \_\_\_\_\_  
ADDRESS 120 WISCONSIN BLVD. PURCHASE ORDER \_\_\_\_\_  
CITY DAYTON STATE OHIO ZIP 45401 PHONE \_\_\_\_\_  
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.  
Signature \_\_\_\_\_ Print Name J. REARDON Phone 727-6791

TRANSPORTER EPA IDENTIFICATION NO. \_\_\_\_\_  
COMPANY SPRUE STATE I.D. CODE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ JOB I.D. NO. \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. \_\_\_\_\_  
COMPANY S. J. T. LANDFILL STATE I.D. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ JOB NO. \_\_\_\_\_  
CITY Dayton STATE OHIO ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 44039

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>D. Garwood</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS</u>		<u>SCRAP WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>6-3-85</u>	EPA IDENTIFICATION CODE NO. <u>OHDO6092851</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>D. Garwood</u>		Print Name <u>GARWOOD</u>	Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>J. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 14040

EMERGENCY INFORMATION			SCALE INFORMATION			
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 1.2em;">NON HAZARDOUS</div> IN CASE OF EMERGENCY, NOTIFY: <u>J. REARDON</u>			NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____			
SHIPPING INFORMATION						
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION		
NON HAZ.		1 LOAD	BOXES	WOOD, BOXES & BANDS		
MATERIAL DISPOSITION						
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____						
ADDITIONAL INFORMATION:						
CERTIFICATION						
GENERATOR		DATE SHIPPED <u>5-7-85</u>	EPA IDENTIFICATION CODE NO. <u>OH060928561</u>			
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____				
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____				
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.						
Signature <u>J. Reardon</u>		Print Name <u>REARDON</u>	Phone <u>2276391</u>			
TRANSPORTER		EPA IDENTIFICATION NO. _____				
COMPANY <u>SAME</u>		STATE I.D. CODE _____				
ADDRESS _____		JOB I.D. NO. _____				
CITY _____	STATE _____	ZIP _____	PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.						
Signature _____		Print Name _____	Date Received _____			
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____				
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____				
ADDRESS _____		JOB NO. _____				
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.						
Signature _____		Print Name _____	Date _____			

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 110113

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____  TRAILER NO.    TRACTOR NO.	
<i>NON HAZARDOUS</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>J. Reardon</i>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>NON HAZ</i>		<i>30405</i>		<i>FLYASH</i>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>5-6-85</u>		EPA IDENTIFICATION CODE NO. <u>OH D060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1020 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>J. Reardon</i>		Print Name <u>Reardon</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____		ZIP _____    PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. Dayton Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>		STATE <u>OHIO</u>		ZIP _____    PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 114030

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZ</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>J REARDON</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30405</u>		<u>Scrap wood</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>5-8-95</u>		EPA IDENTIFICATION CODE NO. <u>0110060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>				STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>J Reardon</u>		Print Name <u>J REARDON</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAFIE</u>				STATE I.D. CODE _____	
ADDRESS _____				JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. Dayton Land fill</u>				STATE I.D. NO. _____	
ADDRESS _____				JOB NO. _____	
CITY <u>Dayton</u>		STATE <u>Ohio</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

NO. 114055

DM 2871 REV 11/80

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZ</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>See below</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 yds</u>		<u>WOOD/BOXES</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-9-85</u>	EPA IDENTIFICATION CODE NO. <u>OH10060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>J. Keardon</u>		Print Name <u>J. KEARDON</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. Dayton Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>Ohio</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.NO. 99436

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>J. Kearson</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>25405</u>		<u>WOOD/Boxes/ends</u>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>5-10-85</u>		EPA IDENTIFICATION CODE NO. <u>OH060925561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMCO</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>J. Kearson</u>		Print Name <u>J. KEARSON</u>		Phone <u>227-6391</u>	
TRANSPORTER <u>SAME</u>		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY _____		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY <u>S. DAYTON LANDFILL</u>		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY _____		ADDRESS _____		JOB NO. _____	
CITY <u>Dayton</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 09057

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>J. Reardon</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>31 YDS</u>		<u>FLY ASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-11-85</u>	EPA IDENTIFICATION CODE NO. <u>OH0060925361</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>J. Reardon</u>		Print Name <u>REARDON</u>	Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 174058

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align:center; font-size:1.2em;">NON HAZARDOUS</div>  IN CASE OF EMERGENCY, NOTIFY: <u>J. Reardon</u>			NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>15 YDS.</u>		<u>METALLIC POWDER</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>9-11-85</u>		EPA IDENTIFICATION CODE NO. <u>OHDO60425561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS <u>1420 WISCONSIN BLVD.</u>				
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>J. Reardon</u>		Print Name <u>J. REARDON</u>		Phone <u>2276391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 94062

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em;">VOR 1/12</div>  IN CASE OF EMERGENCY, NOTIFY: <u>CEMEX</u>				NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 - 112</u>		<u>BULK / BARGE / WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>5-18-85</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 W/CONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>PERSON</u>		Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>NAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. J. TON</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 44067

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>NON HAZARDOUS</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>REARSON</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 yds.</u>		<u>Boxes / Bales</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>5-16-85</u>	EPA IDENTIFICATION CODE NO. <u>OH 060128561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>REARSON</u>	Phone <u>227 6391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 114075

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non 11/2</u>		<u>20405</u>		<u>Scrap Wood</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11/25</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>RENNER</u>		Phone <u>227-1391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>NAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 14477

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>Non Hazardous</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>SEARS, INC.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 YDS.</u>		<u>FLYASH</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

## CERTIFICATION

GENERATOR	DATE SHIPPED <u>5-21-85</u>	EPA IDENTIFICATION CODE NO. <u>01-160125581</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____	
ADDRESS <u>120 WISCONSIN BLVD.</u>	PURCHASE ORDER _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u> PHONE _____

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature <u>[Signature]</u>	Print Name <u>SEARS, INC.</u>	Phone <u>227-6391</u>
------------------------------	-------------------------------	-----------------------

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature _____	Print Name _____	Date Received _____
-----------------	------------------	---------------------

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>DAYTON LANDFILL</u>	STATE I.D. NO. _____
ADDRESS _____	JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u> ZIP _____ PHONE _____

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature _____	Print Name _____	Date _____
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# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 44080

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>SEARCHED</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 NOS.</u>		<u>FLYASH</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>5-21-81</u>		EPA IDENTIFICATION CODE NO. <u>OH0 060928161</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>SEARCHED</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 114082

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: <u>See below</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Hazard</u>		<u>30 YRS</u>		<u>WOOD PAVES SCRAP</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>12-81</u>	EPA IDENTIFICATION CODE NO. <u>060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>120 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>See below</u>	Phone <u>227 6391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>AME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>5 DAYTON LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 114082

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Non Haz</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>See enclosed</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 112</u>		<u>FLUOR</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11-2-81</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>MARKER</u>		Phone <u>222-6751</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JAN</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>J. J. Taylor Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 1110910

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>J. Reardon</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>1 LOAD</u>		<u>WOOD &amp; BOXES</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>5-28-85</u>		EPA IDENTIFICATION CODE NO. <u>OHDD060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>J. Reardon</u>		Print Name <u>REARDON</u>		Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 14094

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>NON HAZARDOUS</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>J. Pearson</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING-DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30405</u>		<u>WOOD/BOXES/BANDS</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>5-29-85</u>	EPA IDENTIFICATION CODE NO. <u>OH/D060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>J. Pearson</u>	Print Name <u>PEARSON</u>	Phone <u>227-6391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SNIE</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 44099

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<i>Very Haz</i>	
<i>PERSON</i>	
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>NON HAZ</i>		<i>30 YRS</i>		<i>SCRAP WOOD</i>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

## CERTIFICATION

GENERATOR DATE SHIPPED 5-31-85 EPA IDENTIFICATION CODE NO. OH 06028551  
COMPANY NAME DELCO MORaine DIV. GMC STATE I.D. NO. \_\_\_\_\_  
ADDRESS 1420 WISCONSIN BLVD. PURCHASE ORDER \_\_\_\_\_  
CITY DAYTON STATE OHIO ZIP 45401 PHONE \_\_\_\_\_  
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.  
Signature \_\_\_\_\_ Print Name PERSON Phone 247 6391

TRANSPORTER EPA IDENTIFICATION NO. \_\_\_\_\_  
COMPANY TAKE STATE I.D. CODE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ JOB I.D. NO. \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. \_\_\_\_\_  
COMPANY S. DAYTON LANDFILL STATE I.D. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ JOB NO. \_\_\_\_\_  
CITY DAYTON STATE OHIO ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 44103

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
_____	
_____	
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>20 yds.</u>		<u>Rock - 3/4"</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>6-25</u>	EPA IDENTIFICATION CODE NO. <u>441092831</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>	PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature _____	Print Name _____	Phone <u>222-6291</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>S. J. ...</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____ STATE _____ ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. J. ...</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____	PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	





**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 44104

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>  2276391  </u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 yds.</u>		<u>FLYASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>6-3-85</u>	EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>PEARSON</u>	Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 14126

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
<p style="text-align: center;"><i>Non Hazardous</i></p>					
<p style="text-align: center;"><i>Spill</i></p>					
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Non Haz</i>		<i>30 yds</i>		<i>WOOD BOXES</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-3-85</u>		EPA IDENTIFICATION CODE NO. <u>042060928561</u>	
COMPANY NAME <u>DELCO MORAINÉ DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>					
Signature _____		Print Name <u>J. Pearson</u>		Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAME</u>		JOB I.D. NO. _____		PHONE _____	
ADDRESS _____		CITY _____		STATE _____ ZIP _____	
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>DAYTON LANDFILL</u>		JOB NO. _____		PHONE _____	
ADDRESS _____		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP _____	
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 147117

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	
<u>Non Hazardous</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>2 Pearson</u>	NET WT. _____
	TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz.</u>		<u>30 yds.</u>		<u>WOOD - BOXES - PAINT</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

## CERTIFICATION

GENERATOR DATE SHIPPED 6-28 EPA IDENTIFICATION CODE NO. 012060928561  
COMPANY NAME DELCO MORaine DIV. GMC STATE I.D. NO. \_\_\_\_\_  
ADDRESS 1420 WISCONSIN BLVD. PURCHASE ORDER \_\_\_\_\_  
CITY DAYTON STATE OHIO ZIP 45401 PHONE \_\_\_\_\_  
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name PEARSON Phone 2276391

TRANSPORTER EPA IDENTIFICATION NO. \_\_\_\_\_  
COMPANY SAME STATE I.D. CODE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ JOB I.D. NO. \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. \_\_\_\_\_  
COMPANY DAYTON LANDFILL STATE I.D. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ JOB NO. \_\_\_\_\_  
CITY DAYTON STATE OHIO ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 14118

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>PEARSON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YLS</u>		<u>SCRAP WOOD</u> <u>(WHSE.)</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>6-10-85</u>	EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>PEARSON</u>	Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>PEARSON Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11-1124

EMERGENCY INFORMATION			SCALE INFORMATION			
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 1.2em;">NON HAZ</div> IN CASE OF EMERGENCY, NOTIFY: <u>John Reardon</u>			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____			
SHIPPING INFORMATION						
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION		
<u>NON. HAZ.</u>		<u>30 Yds.</u>		<u>SCRAP Wood</u>		
MATERIAL DISPOSITION						
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____						
ADDITIONAL INFORMATION:						
CERTIFICATION						
GENERATOR		DATE SHIPPED <u>10-12-85</u>		EPA IDENTIFICATION CODE NO. <u>OHIO 060928561</u>		
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____				
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____				
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	<u>45401</u>	ZIP _____	PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.						
Signature _____		Print Name _____		Phone _____		
TRANSPORTER		EPA IDENTIFICATION NO. _____				
COMPANY <u>Sams</u>		STATE I.D. CODE _____				
ADDRESS _____		JOB I.D. NO. _____				
CITY _____	STATE _____	ZIP _____	PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.						
Signature _____		Print Name _____		Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____				
COMPANY <u>S. DAYTON / LAND FILL</u>		STATE I.D. NO. _____				
ADDRESS _____		JOB NO. _____				
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.						
Signature _____		Print Name _____		Date _____		



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 14135

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>DEARON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
NON HAZ		30-125		SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>6-12-85</u>	EPA IDENTIFICATION CODE NO. <u>OH0000928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>DEARON</u>	Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JANEC</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>5. Dayton Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 114127

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>NON HAZARDOUS</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>Ken Lorn</i>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>NON HAZ</i>		<i>30 yds</i>		<i>FLYASH</i>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <i>6-12-85</i>		EPA IDENTIFICATION CODE NO. <i>OH D 06092856</i>
COMPANY NAME <i>DELCO MORAIN DIV. GMC</i>		STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS <i>1120 WISCONSIN BLVD.</i>		CITY <i>DAYTON</i>		STATE <i>OHIO</i>
CITY _____		STATE _____		ZIP <i>45401</i>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>Ken Lorn</i>		Print Name <i>Ken Lorn</i>		Phone <i>227-6391</i>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>SAME</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____		
STATE _____		ZIP _____		
ZIP _____		PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>S. Dayton LANDFILL</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>Dayton</i>		STATE <i>OHIO</i>		
STATE _____		ZIP _____		
ZIP _____		PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 711132

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Haz</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>Fire Department</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 YDS</u>		<u>F-21A-3A</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-13-85</u>		EPA IDENTIFICATION CODE NO. <u>PA: 035092 F561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1-120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. F. MORAN</u>		Phone <u>2576391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>[Signature]</u>		JOB I.D. NO. _____		CITY _____ STATE _____ ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>S. J. TON</u>		JOB NO. _____		CITY <u>Dayton</u> STATE <u>OHIO</u> ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 44133

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
Non Haz				
IN CASE OF EMERGENCY, NOTIFY: <u>Fire Dept</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		30 TONS		FLY ASH
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-17-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 069928563</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>PERKIN</u>		Phone <u>2276391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Stone</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. Day Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAY</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



NO. 

1	4	1	3	4
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☐ HAZARDOUS    ☒ NON-HAZARDOUS    ☐ WASTE    ☐ RECLAIMABLE MATL.

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 44137

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Non Hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>SEARSON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 yds</u>		<u>FLYASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>6-15-85</u>		EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>SEARSON</u>		Phone <u>227 6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SHIME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**  
DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. A4138

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em;">Van Hatz</div>  IN CASE OF EMERGENCY, NOTIFY: _____  				NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
Van Hatz		20 yds.		CONCRETE PAVT	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:  					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-17-85</u>		EPA IDENTIFICATION CODE NO. <u>015060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>EMCOV</u>		Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>JAME</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____ STATE _____ ZIP _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>Dayton / Moraine</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

NO. 011141

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<div style="text-align: center;"><i>Not</i></div>					
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Not</i>		<i>30</i>		<i>Fly ash</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-18-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
STATE <u>OHIO</u>		ZIP <u>45401</u>			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name _____		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>W. S. A. ION / ANSILC</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 14143

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____  TRAILER NO.    TRACTOR NO.	
<div style="text-align: center; font-size: 1.2em;"> <i>Not Hazardous</i> </div>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Not Hazardous</i>		<i>50 lbs.</i>		<i>Styrofoam - 2 boxes</i>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>6-18-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>PEARSON</u>		Phone <u>207-6591</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JANIE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>J. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. AW148

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Hazardous</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>7-660-2304</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 yds</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-20-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>				STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>RECEIVED</u>		Phone <u>777-6201</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>[Signature]</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>[Signature]</u>		STATE I.D. NO. <u>11</u>			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 14149

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em;">NON HAZ</div>  IN CASE OF EMERGENCY, NOTIFY: <u>7-7-6791</u>				NET WT. _____  TRAILER NO.    TRACTOR NO. _____	
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30 YDS</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-20-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>TERN DON</u>		Phone <u>7-7-6791</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAME</u>		JOB I.D. NO. <u>1</u>		PHONE _____	
ADDRESS _____		CITY _____		STATE _____ ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>DAYTON LANDFILL</u>		JOB NO. _____		PHONE _____	
ADDRESS _____		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 44150

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <i>Not Applicable</i>			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Not Applicable</i>		<i>20 yds</i>		<i>CONCRETE</i>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED		EPA IDENTIFICATION CODE NO.
COMPANY NAME		DELCO MORaine DIV. GMC		STATE I.D. NO.
ADDRESS		1420 WISCONSIN BLVD.		PURCHASE ORDER
CITY	DAYTON	STATE	OHIO	ZIP 45401
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature		Print Name		Phone
<i>[Signature]</i>		PEARSON		327 6291
TRANSPORTER		EPA IDENTIFICATION NO.		
COMPANY		STATE I.D. CODE		
ADDRESS		JOB I.D. NO.		
CITY		STATE		ZIP
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature		Print Name		Date Received
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO.		
COMPANY		STATE I.D. NO.		
ADDRESS		JOB NO.		
CITY	DAYTON	STATE	OHIO	ZIP
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature		Print Name		Date



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 14152

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>DELCO MORAIN</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 YLS</u>		<u>Scrap wire / ROLES</u>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR <u>DELCO MORAIN DIV. GMC</u>		EPA IDENTIFICATION CODE NO. <u>OH000028561</u>			
COMPANY NAME <u>1420 WISCONSIN BLVD.</u>		STATE I.D. NO. _____			
ADDRESS <u>DAYTON</u>		PURCHASE ORDER _____			
CITY _____		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>TRAYLOR</u>		Phone <u>227-6391</u>	
TRANSPORTER _____		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY _____		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>51 Dayton Landfill</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 14156

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZARDOUS				
IN CASE OF EMERGENCY, NOTIFY: <u>2 CARRION</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
NON HAZ		30 YRS.		SOFT WOOD / POLES
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR	DELCO MORaine DIV. GMC	DATE SHIPPED <u>5-22-85</u>	EPA IDENTIFICATION CODE NO. <u>OH 206028561</u>	
COMPANY NAME	1420 WISCONSIN BLVD.		STATE I.D. NO. _____	
ADDRESS	DAYTON		PURCHASE ORDER _____	
CITY	DAYTON	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature	<u>[Signature]</u>		Print Name	<u>2076391</u>
TRANSPORTER	SADIE		EPA IDENTIFICATION NO. _____	
COMPANY			STATE I.D. CODE _____	
ADDRESS			JOB I.D. NO. _____	
CITY		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature			Print Name	Date Received _____
TREATMENT/DISPOSAL FACILITY	S. DAYTON LANDFILL		EPA IDENTIFICATION CODE NO. _____	
COMPANY			STATE I.D. NO. _____	
ADDRESS			JOB NO. _____	
CITY	DAYTON	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature			Print Name	Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 14159

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>  FEDCO  </u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non-Haz</u>		<u>30 110</u>		<u>FLY ASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>  12-1-80  </u>	EPA IDENTIFICATION CODE NO. <u>  OH 060928561  </u>	
COMPANY NAME <u>  DELCO MORaine DIV. GMC  </u>		STATE I.D. NO. _____		
ADDRESS <u>  1420 WISCONSIN BLVD.  </u>		PURCHASE ORDER _____		
CITY <u>  DAYTON  </u>	STATE <u>  OHIO  </u>	ZIP <u>  45401  </u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>  [Signature]  </u>		Print Name <u>  KEARSON  </u>	Phone <u>  2276391  </u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>  JAME  </u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>  DAYTON Landfill  </u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>  DAYTON  </u>	STATE <u>  OHIO  </u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 141612

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
<p style="text-align: center; font-size: 1.2em;"><i>Non Hazardous</i></p>					
<p>IN CASE OF EMERGENCY, NOTIFY: <u>PEARSON</u></p>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Non Haz</i>		<i>30 yds</i>		<i>SCAF Wood</i>	
				<i>4 Boxes</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-25-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>				STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u>	PHONE _____
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>					
Signature <u>[Signature]</u>		Print Name <u>PEARSON</u>		Phone <u>507 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>FAIR</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____	PHONE _____
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OH</u>		ZIP _____	PHONE _____
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>					
Signature _____		Print Name _____		Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 44163

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non-haz</u>		<u>30</u>		<u>Concrete</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-25-81</u> EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>		
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>KEARSON</u> Phone <u>507/6291</u>		
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAVE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____ STATE _____ ZIP _____		PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____ Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SAVE</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____		PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____ Date _____		

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 14164

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	
<u>Nov 11/82</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>SEARSON</u>	NET WT. _____
	TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Nov 11/82</u>		<u>30 yds.</u>		<u>CONCRETE</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>6-25-82</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature \_\_\_\_\_ Print Name SEARSON Phone 2076391

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SEARSON</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____
ZIP _____	PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SEARSON</u>	STATE I.D. NO. _____
ADDRESS _____	JOB NO. _____
CITY <u>Dayton</u>	STATE <u>OHIO</u>
ZIP _____	PHONE _____

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 14145

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Haz</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>C. E. Gordon</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 YDS</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-25-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928-61</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>C. E. Gordon</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>AME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. J. [unclear]</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 14166

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. TRACTOR NO.		
IN CASE OF EMERGENCY, NOTIFY: <u>Fire Department</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non-Haz</u>		<u>20 yds</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>6-25-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>PEARSON</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>[Signature]</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. S. L. Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

**NO.** 44169☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>Non Haz</u>	
<u>See below</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>20 YL</u>		<u>Spent wood</u>

MATERIAL DISPOSITION	
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:
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CERTIFICATION
---------------

GENERATOR	DATE SHIPPED <u>6-20-88</u>	EPA IDENTIFICATION CODE NO. <u>OH15060728561</u>
COMPANY NAME	<u>DELCO MORaine DIV GMC</u>	STATE I.D. NO. _____
ADDRESS	<u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____
CITY	<u>DAYTON</u>	STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the DOT and EPA regulations of the Department of Transportation and the EPA. Keep gold copy for your records.		
Signature	<u>[Signature]</u>	Print Name <u>CRANDON</u> Phone <u>2076391</u>

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY	<u>SPINE</u> STATE I.D. CODE _____
ADDRESS	JOB I.D. NO. _____
CITY	STATE _____ ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature	Print Name _____ Date Received _____

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY	<u>DAYTON CORP</u> STATE I.D. NO. _____
ADDRESS	JOB NO. _____
CITY	<u>DAYTON</u> STATE <u>OHIO</u> ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature	Print Name _____ Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 14174

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>  FAR 801  </u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>  Non Hazard  </u>		<u>  30 yds  </u>		<u>  PAVEMENT DEBRIS  </u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>  1-28-85  </u>		EPA IDENTIFICATION CODE NO. <u>  41000028161  </u>	
COMPANY NAME _____		STATE I.D. NO. _____			
ADDRESS _____		PURCHASE ORDER _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>  [Signature]  </u>		Print Name <u>  J. REARDON  </u>		Phone <u>  202/391  </u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>  [Signature]  </u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>  202/704  </u>		STATE <u>  DE  </u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 14172

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>S. MILLON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ.</u>		<u>30 yds</u>		<u>BOXES / WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-1-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 186092561</u>
COMPANY NAME <u>DELCO MORAINES DIV. GEN</u>		STATE I.D. NO. _____		
ADDRESS <u>20 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>MILLON</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAMS</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. Dayton Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 14180

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non HAZ</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>S. MILLON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non HAZ</u>		<u>30 yds</u>		<u>Boxes / Wagon</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-1-85</u>	EPA IDENTIFICATION CODE NO. <u>OH D060278361</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>100 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>MILLON</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. Dayton Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** A418

<b>EMERGENCY INFORMATION</b>	<b>SCALE INFORMATION</b>
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
_____	
_____	
IN CASE OF EMERGENCY, NOTIFY: <u>Millon</u>	
_____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>New Haz</u>		<u>20 yds</u>		<u>Concrete / Brick Fly Ash</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>7-2-85</u>	EPA IDENTIFICATION CODE NO. <u>011A060924561</u>	
COMPANY NAME <u>Delco Moraine Div. GMC</u>		STATE I.D. NO. _____	
ADDRESS <u>1420 Wisconsin Blvd</u>		PURCHASE ORDER _____	
CITY <u>NAYAR</u>	STATE <u>OHIO</u>	ZIP <u>45740</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>Sh Miller</u>	Print Name <u>Millon</u>	Phone <u>727-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____	
COMPANY <u>SAME</u>		STATE I.D. CODE _____	
ADDRESS _____		JOB I.D. NO. _____	
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____	
ADDRESS _____		JOB NO. _____	
CITY <u>NAYAR</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 44125

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>NON HAZ</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>MILLON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 yds</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR DELCO MORaine DIV. GMC <u>7-2-85</u> EPA IDENTIFICATION CODE NO. <u>OH0000928561</u>				
COMPANY NAME <u>1120 WISCONSIN BLVD.</u> STATE I.D. NO. _____				
ADDRESS _____ PURCHASE ORDER _____				
CITY <u>DAYTON</u> STATE <u>OHIO</u> <u>45401</u> ZIP _____ PHONE _____				
This is to certify that <u>OH0000928561</u> materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u> Print Name <u>MILLON</u> Phone <u>277-6391</u>				
TRANSPORTER EPA IDENTIFICATION NO. _____				
COMPANY <u>SAME</u> STATE I.D. CODE _____				
ADDRESS _____ JOB I.D. NO. _____				
CITY _____ STATE _____ ZIP _____ PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____ Print Name _____ Date Received _____				
TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____				
COMPANY <u>S. Dayton Landfill</u> STATE I.D. NO. _____				
ADDRESS _____ JOB NO. _____				
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____ PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____ Print Name _____ Date _____				



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. AY186

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>Non HAZ</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>MILLON</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non HAZ</u>		<u>30 gals</u>		<u>CONCRETE</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

## CERTIFICATION

GENERATOR	DELCO MORaine DIV. GMC	DATE SHIPPED	<u>7-2-85</u>	EPA IDENTIFICATION CODE NO.	<u>04-60928561</u>
COMPANY NAME	<u>1420 WISCONSIN BLVD.</u>			STATE I.D. NO.	
ADDRESS				PURCHASE ORDER	
CITY	<u>DAYTON</u>	STATE	<u>OHIO</u>	ZIP	<u>45401</u>

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name MILLON Phone \_\_\_\_\_

TRANSPORTER	<u>SAME</u>	EPA IDENTIFICATION NO.	
COMPANY		STATE I.D. CODE	
ADDRESS		JOB I.D. NO.	
CITY		ZIP	

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY	<u>S. Dayton Landfill</u>	EPA IDENTIFICATION CODE NO.	
COMPANY		STATE I.D. NO.	
ADDRESS		JOB NO.	
CITY	<u>DAYTON</u>	STATE	<u>OHIO</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_





# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 44117

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non HAZ</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>MILLON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non HAZ</u>		<u>30 yds</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR <u>DELCO MORaine DIV. GMC</u>		DATE SHIPPED <u>7-2-85</u> EPA IDENTIFICATION CODE NO. <u>OH0060984561</u>		
COMPANY NAME <u>1120 WISCONSIN BLVD.</u>		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>MILLON</u>	Phone <u>227-6391</u>	
TRANSPORTER <u>SAME</u>		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY <u>S. DAYTON LANDFILL</u>		EPA IDENTIFICATION CODE NO. _____		
COMPANY _____		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. A 4184

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>Non Haz</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>S. Miller</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 yds</u>		<u>Boxes - Bands</u>

**MATERIAL DISPOSITION**

☐ RECLAMATION    
 ☐ INCINERATION    
 ☒ LANDFILL    
☐ OTHER (Specify) \_\_\_\_\_

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>7-2-85</u>	EPA IDENTIFICATION CODE NO. <u>OH4697.21</u>	
COMPANY NAME <u>Delco Moraine Div Gm</u>	STATE I.D. NO. _____		
ADDRESS <u>1470 Wisconsin Blvd</u>	PURCHASE ORDER _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>M. Miller</u>	Phone <u>2776391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. Dayton Landfill</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. AA/54

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<i>NON HAZARDOUS</i>	
IN CASE OF EMERGENCY, NOTIFY: <i>907-25-24</i>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>NON HAZ</i>		<i>30 YRS</i>		<i>TRUCKS + CARTRIDGES</i>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <i>7-9-85</i>	EPA IDENTIFICATION CODE NO. <i>OH 060928561</i>	
COMPANY NAME <i>DELCO MORAIN DIV. GMC</i>	STATE I.D. NO. _____		
ADDRESS <i>120 WISCONSIN BLVD.</i>	PURCHASE ORDER _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <i>[Signature]</i>	Print Name <i>J. REASON</i>	Phone <i>227 6391</i>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <i>SAME</i>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>DAYTON LANDFILL</i>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 441195

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Non Haz</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>1-800-222-2222</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>50 yds.</u>		<u>Boxes - wood</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-9-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 050928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>PEARSON</u>		Phone <u>527 6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY <u>Landfill</u>		EPA IDENTIFICATION CODE NO. _____		
COMPANY _____		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 114300

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>See back</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 yds.</u>		<u>Scrap Wood</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-10-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 06092861</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>PERSON</u>		Phone <u>227 6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>Dayton Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 114205

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
<div style="text-align: center; font-size: 1.2em;">Non Haz</div>					
IN CASE OF EMERGENCY, NOTIFY: <u>Delco Moraine</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
Non Haz		30 yds.		Brick & Mortar	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>7-13-85</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition to transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>ICE-ERSON</u>		Phone <u>222-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>Star</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>Dayton Landfill</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. AV209

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>NON HAZARDOUS</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>J. Reardon</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS</u>		<u>SCRAP WOOD &amp; BOXES</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION					
GENERATOR	DATE SHIPPED <u>7-13-85</u>	EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>			
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____				
ADDRESS <u>1120 WISCONSIN BLVD.</u>	PURCHASE ORDER _____				
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>J. Reardon</u>	Print Name <u>REARDON</u>	Phone <u>2276391</u>			
TRANSPORTER	EPA IDENTIFICATION NO. _____				
COMPANY <u>SAME</u>	STATE I.D. CODE _____				
ADDRESS _____	JOB I.D. NO. _____				
CITY _____	STATE _____	ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____	Print Name _____	Date Received _____			
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____				
COMPANY <u>S. DAY, LANDFILL</u>	STATE I.D. NO. _____				
ADDRESS _____	JOB NO. _____				
CITY <u>DAYTON</u>	STATE <u>OH</u>	ZIP _____	PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____	Print Name _____	Date _____			



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 44210

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZ</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>J. Reardon</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30 YDS</u>		<u>FLYASH</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>7-15-85</u>		EPA IDENTIFICATION CODE NO. <u>OHDD060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>J. Reardon</u>		Print Name <u>REARDON</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____ STATE _____		ZIP _____ PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAY, LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAY</u> STATE <u>OHIO</u>		ZIP _____ PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	





# ENVIRONMENTAL MANIFEST

**NO.** 144☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<div style="text-align:center; font-size:1.2em;">NON HAZ</div>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<div style="text-align:center; font-size:1.2em;">NON HAZ</div>		<div style="text-align:center; font-size:1.2em;">15 YDS</div>		<div style="text-align:center; font-size:1.2em;">HYD. FILTER PAPER &amp; METALLIC POWDER</div>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>7-17-85</u>		EPA IDENTIFICATION CODE NO. <u>OH00060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your record.					
Signature <u>J. Keardon</u>		Print Name <u>KEARDON</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 141112

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZ</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>J. Reardon</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30 YDS</u>		<u>BANDS &amp; BOXES</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>7-17-85</u>		EPA IDENTIFICATION CODE NO. <u>OH D060928361</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>J. Reardon</u>		Print Name <u>REARDON</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____ STATE _____ ZIP _____		PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____		PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 141220

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____
NON HAZ	
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
NON HAZ		15 YDS		SCRAP WOOD

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>7-18-85</u> EPA IDENTIFICATION CODE NO. <u>0HDO60928561</u>
COMPANY NAME _____	STATE I.D. NO. _____
ADDRESS _____	PURCHASE ORDER _____
CITY _____ STATE _____	ZIP _____ PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.	
Signature <u>J. Keardon</u>	Print Name <u>KEARDON</u> Phone <u>2276391</u>
TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____ STATE _____	ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature _____	Print Name _____ Date Received _____
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>S. DAYTON LANDFILL</u>	STATE I.D. NO. _____
ADDRESS _____	JOB NO. _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature _____	Print Name _____ Date _____



# ENVIRONMENTAL MANIFEST

NO. 19221

DM 2871 REV 11/80

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<div style="text-align:center">NON HAZ</div>				
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
NON HAZ		15 YDS		SCRAP PLASTIC RESIDUALS
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED	EPA IDENTIFICATION CODE NO.	
		7-19-85	OH0060928561	
COMPANY NAME		STATE I.D. NO.		
ADDRESS		PURCHASE ORDER		
CITY	STATE	ZIP	PHONE	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>J. Reardon</u>		Print Name	Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO.		
COMPANY		STATE I.D. CODE		
ADDRESS		JOB I.D. NO.		
CITY	STATE	ZIP	PHONE	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>J. Reardon</u>		Print Name	Date Received	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO.		
COMPANY		STATE I.D. NO.		
ADDRESS		JOB NO.		
CITY	STATE	ZIP	PHONE	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature		Print Name	Date	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. A4222

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 1.2em;">NON HAZ</div>			NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>J. Reardon</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS</u>		<u>FLYASH</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>7-19-85</u> EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>		
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____		STATE _____		ZIP _____ PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>J. Reardon</u>		Print Name <u>REARDON</u>		Phone <u>227 6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____		ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. A4223

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____
<u>NON HAZ</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>J. Reardon</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>15 YDS</u>		<u><del>TRAILER</del> CARDBOARD WASTE</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input checked="" type="checkbox"/> INCINERATION	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>7-19-85</u>	EPA IDENTIFICATION CODE NO. <u>OH D060928561</u>	
COMPANY NAME _____	STATE I.D. NO. _____		
ADDRESS _____	PURCHASE ORDER _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>J. Reardon</u>	Print Name <u>REARDON</u>	Phone <u>2276391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY <u>S. DAYTON LANDFILL</u>	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 44-228

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non-Hazardous</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>CRACKER</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non-Haz</u>		<u>30 yds</u>		<u>Boxes / wood</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>7-22-85</u>		EPA IDENTIFICATION CODE NO. <u>OH0 060728561</u>	
COMPANY NAME _____		STATE I.D. NO. _____			
ADDRESS _____		PURCHASE ORDER _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. PERKIN</u>		Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>J. PERKIN</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 14233

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>Non Hazardous</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>See Container</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 yds</u>		<u>Scrap wood</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

## CERTIFICATION

GENERATOR DATE SHIPPED 7-22-81 EPA IDENTIFICATION CODE NO. OH2 06028-61  
COMPANY NAME DELCO MORAINÉ DIV. GMC STATE I.D. NO. \_\_\_\_\_  
ADDRESS 1420 WISCONSIN BLVD. PURCHASE ORDER \_\_\_\_\_  
CITY DAYTON STATE OHIO ZIP 45401 PHONE \_\_\_\_\_  
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature \_\_\_\_\_ Print Name Person Phone 227 6391  
TRANSPORTER EPA IDENTIFICATION NO. \_\_\_\_\_  
COMPANY S. J. R. STATE I.D. CODE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ JOB I.D. NO. \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_  
TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. \_\_\_\_\_  
COMPANY Landfill STATE I.D. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ JOB NO. \_\_\_\_\_  
CITY Atmos STATE Ohio ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_





# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11-238

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>NON HAZARDOUS</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>SPRINKLER</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS.</u>		<u>CAR 2 TON / RAILS</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>7-24-85</u>	EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature _____	Print Name <u>PEARSON</u>	Phone <u>276391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SHAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 14239

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>TEARSON</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 PL</u>		<u>Fly ash</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>7.11.85</u>	EPA IDENTIFICATION CODE NO. <u>MD60928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GM</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. TEARSON</u>	Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>AME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>Dayton Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 1434

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	
<u>NON HAZARDOUS</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>PEARSON</u>	NET WT. _____
	TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 TONS</u>		<u>JOYCE - CART BOARD</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

## CERTIFICATION

GENERATOR DATE SHIPPED 1-25-85 EPA IDENTIFICATION CODE NO. OH060928581  
COMPANY NAME DELCO MORaine DIV. GMC STATE I.D. NO. \_\_\_\_\_  
ADDRESS 1120 WISCONSIN BLVD. PURCHASE ORDER \_\_\_\_\_  
CITY DAYTON STATE OHIO ZIP 45401 PHONE \_\_\_\_\_

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the appropriate regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature \_\_\_\_\_ Print Name PEARSON Phone 2276391

TRANSPORTER EPA IDENTIFICATION NO. \_\_\_\_\_  
COMPANY NAME STATE I.D. CODE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ JOB I.D. NO. \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. \_\_\_\_\_  
COMPANY S. Dayton Landfill STATE I.D. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ JOB NO. \_\_\_\_\_  
CITY DAYTON STATE OHIO ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 14242

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Non Haz</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>[Signature]</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>25 YDS.</u>		<u>Scrap Wood</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2/25/85</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>PEARSON</u>	Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>J. A. A. TON</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 44347

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Hazardous</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>Person</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 yds</u>		<u>Boxes / Pallets / Wood</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>1-26-85</u>		EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>Person</u>		Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>same</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		STATE _____ ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>Dayton Landfill</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS <u>Dayton</u>		CITY <u>Dayton</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

NO. 1122

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: <u>  </u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>HAZ</u>		<u>25 YARDS</u>		<u>PAVED ROAD</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>8-2-85</u>	EPA IDENTIFICATION CODE NO. <u>01506728</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>PEARSON</u>	Phone <u>227 6</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY _____	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>Dayton Service</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 77306

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
<div style="text-align: center; font-size: 1.2em;">NON HAZARDOUS</div>				
IN CASE OF EMERGENCY, NOTIFY: <u>SP 11/24/85</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON 1/2</u>		<u>30 yds.</u>		<u>FL 1/2 4</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>8-5-85</u>		EPA IDENTIFICATION CODE NO. <u>OH-050928361</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____
		STATE <u>OHIO</u>		ZIP <u>45401</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>DEARSON</u>		Phone <u>2276391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAGE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		ZIP _____		
		PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		ZIP _____		
		PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 74276

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
_____	
_____	
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 yds.</u>		<u>SCRAP WOOD</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

## CERTIFICATION

GENERATOR	DATE SHIPPED <u>8-7-85</u>	EPA IDENTIFICATION CODE NO. <u>OH00028561</u>
COMPANY NAME <u>DELCO MORAINÉ DIV. GMC</u>	STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u> PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.		
Signature <u>[Signature]</u>	Print Name <u>DEAN</u>	Phone <u>227-1391</u>

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>FAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____ ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature _____	Print Name _____ Date Received _____

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>5-1-704</u>	STATE I.D. NO. _____
ADDRESS _____	JOB NO. _____
CITY <u>Dayton</u>	STATE <u>OHIO</u> ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature _____	Print Name _____ Date _____



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 14277

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____
<u>NON HAZ</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>J. Reardon</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS</u>		<u>BOXES/BANDS</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>8-8-85</u>	EPA IDENTIFICATION CODE NO. <u>0HD060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>	PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>J. Reardon</u>	Print Name <u>REARDON</u>	Phone <u>227 6391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____ STATE _____ ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____	PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

NO. 74285

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Hazardous</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>Delco Moraine</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 yds</u>		<u>Scrap Wood</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>8-12-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 069928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>10 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name _____		Phone <u>327 6281</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAE</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____ STATE _____ ZIP _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>Dayton Landfill</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>Dayton</u> STATE <u>OHIO</u> ZIP _____		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 77205

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 yds</u>		<u>SCRAP BOXES - DRUMS</u>
				<u>NONE</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>8-12-88</u>	EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>120 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>	PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature _____	Print Name _____	Phone <u>227-1391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u> </u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____ STATE _____ ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u> </u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>Dayton</u> STATE <u>Ohio</u> ZIP _____	PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	

## Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS    ☐ NON-HAZARDOUS    ☒ WASTE    ☐ RECLAIMABLE MATL.NO. 

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<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO.    TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
1122		30 yd		Scrap Wood	
				Boxes	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>8-11-85</u>		EPA IDENTIFICATION CODE NO. <u>OHIO 06028561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name _____		Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>Sam</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>PA-Ton</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

## GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 14173

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center;"><i>Not Applicable</i></div>				NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>609-285-6101</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Non Haz</i>		<i>2000</i>		<i>Flyash</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>8-1-81</u>		EPA IDENTIFICATION CODE NO. <u>45401-28161</u>	
COMPANY NAME <u>DELCO MORaine DIV. GM</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the appropriate regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>PERSON</u>		Phone <u>527-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>Same</u>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>S. Dayton</u>		ADDRESS _____		JOB NO. _____	
CITY <u>Dayton</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 4123

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Van 102</u>		<u>30-100</u>		<u>Remed. Equip.</u>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>8-2-85</u>		EPA IDENTIFICATION CODE NO. <u>OH-060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>				STATE I.D. NO. _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your record.					
Signature <u>[Signature]</u>		Print Name <u>RE. JR. COW</u>		Phone <u>557-6777</u>	
TRANSPORTER				EPA IDENTIFICATION NO. _____	
COMPANY <u>J. J. [Signature]</u>				STATE I.D. CODE _____	
ADDRESS _____				JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY				EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>Dayton Landfill</u>				STATE I.D. NO. _____	
ADDRESS _____				JOB NO. _____	
CITY <u>Dayton</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 1143

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 yd</u>		<u>Flammable</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>8-17-85</u>		EPA IDENTIFICATION CODE NO. <u>060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
STATE <u>OHIO</u>		ZIP <u>45401</u>			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name _____		Phone <u>527-6001</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		PHONE _____	
STATE _____		ZIP _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>5 Dayton Landfill</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>Dayton</u>		PHONE _____	
STATE <u>OHIO</u>		ZIP _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 41301

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Delco Moraine</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>300 lbs</u>		<u>Brass/Wood</u>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>8-20-85</u>		EPA IDENTIFICATION CODE NO. <u>40060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>				STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>Delco Moraine</u>		Phone <u>527-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>Same</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>Dayton</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 1431

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>NON HAZARDOUS</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>646-2004</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>3000</u>		<u>FLUOR</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>8-24-85</u> EPA IDENTIFICATION CODE NO. <u>710160928561</u>
COMPANY NAME _____	STATE I.D. NO. _____
ADDRESS _____	PURCHASE ORDER _____
CITY _____	STATE _____ ZIP _____ PHONE _____

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name REP. [Name] Phone 2276791

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY _____	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>DAYTON LA...</u>	STATE I.D. NO. _____
ADDRESS _____	JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u> ZIP _____ PHONE _____

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 44319

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>See person</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 VES.</u>		<u>LOOSE TANKS - TIRE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-27-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>				STATE I.D. NO. _____
ADDRESS <u>1420 WISCONSIN BLVD.</u>				PURCHASE ORDER _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	<u>45401</u>	ZIP	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>STARRON</u>		Phone <u>227 6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11320

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>		
<p style="text-align: center; font-size: 1.2em;"><i>NON HAZARDOUS</i></p>				
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>NON HAZ</i>		<i>30 YL.</i>		<i>BOYES / WOOD</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-28-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928161</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>				
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>		Phone _____
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>				
Signature _____		Print Name _____		Date _____



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 1438

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>HAZARD</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>3000</u>		<u>WOOD BOXES</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-29-85</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>KEARSON</u>	Phone <u>777-6791</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JANE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 11131310

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>REDACTED</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30 yds.</u>		<u>Waste / Rock</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>9-3-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name _____		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAME</u>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____	
PHONE _____		This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY <u>DAYTON</u>		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>S. J. ADRIAN</u>		ADDRESS _____		JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	
PHONE _____		This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 4332

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZ</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>SCRAMSON</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30 YDS.</u>		<u>BOXES PAINTS/WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>7-4-88</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>SCRAMSON</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>JAME</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		STATE _____ ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON LAUREN</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 14337

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<i>Van Hazardous</i>	
IN CASE OF EMERGENCY, NOTIFY: <i>CEARON</i>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30 YRS.</i>		<i>Boxes / wood</i>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <i>1-6-85</i>	EPA IDENTIFICATION CODE NO. <i>045060728161</i>	
COMPANY NAME <i>DELCO MORAIN DIV. GMC</i>	STATE I.D. NO. _____		
ADDRESS <i>1120 WISCONSIN BLVD.</i>	PURCHASE ORDER _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to <i>49 CFR 171.15</i> regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <i>[Signature]</i>	Print Name <i>CEARON</i>	Phone <i>227 6391</i>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <i>SAVE</i>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY <i>Landfill</i>	EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>DAYTON</i>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

NO. 144338

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: <u>800-451-4242</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Wood 1102</u>		<u>7000</u>		<u>WOOD</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>7-6-85</u>	EPA IDENTIFICATION CODE NO. <u>OH 161A2861</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS <u>1420 WISCONSIN BLVD.</u>			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>DEBBIE</u>	Phone <u>227 6391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>[Signature]</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>[Signature]</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	





# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 14346

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>None</u>	
<u>None</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>None</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>None</u>		<u>30-10 S.</u>		<u>CRISTAL ROYAL -</u> <u>WOOD</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>4-10-85</u>	EPA IDENTIFICATION CODE NO. <u>060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature _____	Print Name <u>John J. Brown</u>	Phone <u>227 6371</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>S. J. Brown</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. J. Brown</u>	STATE I.D. NO. _____		
ADDRESS <u>Dayton</u>	JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

NO. 144356

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non</u> <u>HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>707-285611</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>70 yds</u>		<u>Scrap Wood</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>7-11-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 3460928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>Chas. W.</u>		Phone <u>257-6291</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>AME</u>		JOB I.D. NO. _____		PHONE _____	
ADDRESS _____		CITY _____		STATE _____	
CITY _____		STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>DAYTON LANDFILL</u>		JOB NO. _____		PHONE _____	
ADDRESS _____		CITY <u>DAYTON</u>		STATE <u>OHIO</u>	
CITY _____		STATE _____		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

NO. 1435

DM 2871 REV 11/80

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	
<i>Not Hazardous</i>	
IN CASE OF EMERGENCY, NOTIFY: <i>Delco</i>	NET WT. _____
	TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>142</i>		<i>30-11</i>		<i>SCRAP W/102</i>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <i>9-13-85</i>	EPA IDENTIFICATION CODE NO. <i>040 60028561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____	
ADDRESS <i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____	
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature <i>[Signature]</i>	Print Name <i>[Signature]</i>	Phone <i>207 6501</i>
------------------------------	-------------------------------	-----------------------

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <i>SAME</i>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature _____	Print Name _____	Date Received _____
-----------------	------------------	---------------------

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <i>DAYTON Landfill</i>	STATE I.D. NO. _____
ADDRESS <i>SA-17211</i>	JOB NO. _____
CITY _____	STATE <i>OHIO</i> ZIP _____ PHONE _____

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature _____	Print Name _____	Date _____
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Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 14351

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>102</u>		<u>102</u>		<u>3000 lbs</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR <u>DELCO MORaine DIV. GMC</u>		EPA IDENTIFICATION CODE NO. <u>OHIO 060928561</u>		
COMPANY NAME <u>1420 WISCONSIN BLVD.</u>		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>John Doe</u>	Phone <u>207-6091</u>	
TRANSPORTER _____		EPA IDENTIFICATION NO. _____		
COMPANY <u>Smith</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY _____		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>Smith</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 14361

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Hazard</u>		<u>30</u>		<u>Boxes / Containers</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-16-88</u>	EPA IDENTIFICATION CODE NO. <u>45401</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>Delco</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>Dayton</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 44368

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<p>NET WT. _____</p> <p>TRAILER NO.    TRACTOR NO. _____</p>	
<i>Non Haz</i>					
IN CASE OF EMERGENCY, NOTIFY: <i>DELCO MORAIN</i>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Non Haz</i>		<i>70 1/2</i>		<i>Chloroform</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <i>7-18-85</i>		EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME <i>DELCO MORAIN DIV. GMC</i>				STATE I.D. NO. _____	
ADDRESS <i>1120 WISCONSIN BLVD.</i>				PURCHASE ORDER _____	
CITY <i>DAYTON</i>		STATE <i>OHIO</i>		ZIP <i>45401</i> PHONE _____	
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>					
Signature <i>[Signature]</i>		Print Name <i>James</i>		Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <i>Same</i>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____    PHONE _____	
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <i>Dayton</i>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <i>Day</i>		STATE <i>Ohio</i>		ZIP _____    PHONE _____	
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 14369

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Fire Department</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Van 102</u>		<u>10 YLS</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-18-85</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>TERRELL</u>	Phone <u>2276791</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>[Signature]</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>[Signature]</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAY</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 14370

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>NON HAZ</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>DELCO MORAIN</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS.</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>9-18-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. T. [unclear]</u>	Phone <u>202 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAVE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	





Delco Moraine

M 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 44371

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Non Hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>See below</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 YRS.</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-18-87</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>See below</u>		Phone <u>507/291</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>AME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>See below</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 44374

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>PERSON</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30 YRS.</u>		<u>HAZARDOUS</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>7-19-85</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>[Name]</u>		Phone <u>526-391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>Same</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		PHONE _____	
CITY _____		STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 111377

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: <u>602-204</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>20 U.S.</u>		<u>10.06 10.06</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

## CERTIFICATION

GENERATOR	DATE SHIPPED <u>7-1-81</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____	PURCHASE ORDER _____
ADDRESS <u>120 WISCONSIN BLVD.</u>	CITY <u>DAYTON</u>	STATE <u>OHIO</u>
ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.		
Signature <u>[Signature]</u>	Print Name <u>CELESTINE</u>	Phone <u>512-6791</u>
TRANSPORTER	EPA IDENTIFICATION NO. _____	
COMPANY _____	STATE I.D. CODE _____	
ADDRESS _____	JOB I.D. NO. _____	
CITY _____	STATE _____	ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.		
Signature _____	Print Name _____	Date Received _____
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>DAYTON</u>	STATE I.D. NO. _____	
ADDRESS _____	JOB NO. _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.		
Signature _____	Print Name _____	Date _____



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 44385

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>2-600-5514</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Veel 142</u>		<u>20-105</u>		<u>Scrap Metal</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>7-24-85</u>		EPA IDENTIFICATION CODE NO. <u>060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
STATE <u>OHIO</u>		ZIP <u>45401</u>			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name _____		Phone <u>227-591</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>State</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		PHONE _____	
ZIP _____					
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>State Landfill</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>Dayton</u>		STATE <u>OHIO</u>		PHONE _____	
ZIP _____					
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 411386

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non-Haz</u>		<u>10 YRS</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>9-24-85</u>		EPA IDENTIFICATION CODE NO. <u>210150928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name _____		Phone <u>207-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY _____		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY _____		ADDRESS _____		JOB NO. _____	
CITY _____		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.NO. 111387

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: <u>602-204</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 Y3</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>7-24-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>7-24-85</u>		Phone <u>537 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>Jane</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

NO. 111318

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>See below</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>70 yd</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-21-85</u>	EPA IDENTIFICATION CODE NO. <u>060928361</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>DEAN</u>	Phone <u>276-6101</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>[Signature]</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 11392

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>Non Hazardous</i>				
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>70 yds</i>		<i>JOYCE DRUMS</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-26-85</u>	EPA IDENTIFICATION CODE NO. <u>04-060928-61</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>KEITH DOY</u>	Phone <u>227 6791</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Starke</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>Starke</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 443713

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>214-2200</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>20 TDS</u>		<u>BOXES / WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>9-25-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060925121</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>James</u>	Phone <u>277/391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. Dayton</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 44398

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____  TRAILER NO.    TRACTOR NO.	
NON HAZARDOUS					
IN CASE OF EMERGENCY, NOTIFY: <u>Reardon</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
NON HAZ		20 yds		Epoxy	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>9-27-85</u>		EPA IDENTIFICATION CODE NO. <u>OH D 060925561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>REARDON</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>Dayton</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11-11-11

EMERGENCY INFORMATION		SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			
<u>Very Hazardous</u>		NET WT. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Fire Department</u>		TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	MATERIAL DESCRIPTION
<u>44 102</u>		<u>5000</u>	<u>Trunk Wash</u>
MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____			
ADDITIONAL INFORMATION:			
CERTIFICATION			
GENERATOR		DATE SHIPPED <u>1-20-85</u> EPA IDENTIFICATION CODE NO. <u>OH-060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____	
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records			
Signature <u>[Signature]</u> Print Name <u>Frank</u>		Phone <u>227 6300</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____	
COMPANY <u>Dayton</u>		STATE I.D. CODE _____	
ADDRESS _____		JOB I.D. NO. _____	
CITY _____ STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____		Print Name _____ Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>Dayton Landfill</u>		STATE I.D. NO. _____	
ADDRESS _____		JOB NO. _____	
CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____		Print Name _____ Date _____	



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 1140

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>5 yds</u>		<u>Dark soil</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION
GENERATOR

DATE SHIPPED <u>10-1-85</u>	EPA IDENTIFICATION CODE NO. <u>15-00123-41</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u>
ZIP <u>45401</u>	PHONE _____

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature _____	Print Name <u>Review</u>	Phone <u>507/231</u>
-----------------	--------------------------	----------------------

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>State</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____
ZIP _____	PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature _____	Print Name _____	Date Received _____
-----------------	------------------	---------------------

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>Dayton Landfill</u>	STATE I.D. NO. _____
ADDRESS _____	JOB NO. _____
CITY <u>Dayton</u>	STATE <u>Ohio</u>
ZIP _____	PHONE _____

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature _____	Print Name _____	Date _____
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**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 41410

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>20 YLS</u>		<u>Wool &amp; Bore</u>
				<u>Scrap</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>10-9-85</u>	EPA IDENTIFICATION CODE NO. <u>45401</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature _____	Print Name <u>PEARSON</u>	Phone <u>507 6391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. Dayton Landfill</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

NO. 11-11-11

DM 2871 REV 11/80

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non-Haz</u>		<u>2000 LBS</u>		<u>Scrap Metal</u>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>10-11-88</u>		EPA IDENTIFICATION CODE NO. <u>24-00000000-61</u>	
COMPANY NAME _____		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS _____		CITY _____ STATE _____		ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name _____		Phone <u>202/649</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____ STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY _____		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY _____ STATE _____		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 29417

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<i>Non Hazardous</i>	
IN CASE OF EMERGENCY, NOTIFY: <i>609-281-51</i>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>20 yds.</i>		<i>CONCRETE</i>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <i>10-7-85</i>	EPA IDENTIFICATION CODE NO. <i>0412060928151</i>	
COMPANY NAME <i>DELCO MORAINÉ DIV. GMC</i>	STATE I.D. NO. _____		
ADDRESS <i>20 WISCONSIN BLVD.</i>	PURCHASE ORDER _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the appropriate regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature _____	Print Name <i>DELTON</i>	Phone <i>227-6371</i>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <i>SAME</i>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>DAYTON LANDFILL</i>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 44750

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Fire Company</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Hazard</u>		<u>300 lbs.</u>		<u>Lead Battery</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>10-7-88</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>Sam C. [Name]</u>		Phone <u>557-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>Santa Fe [Name]</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>Dayton</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 114426

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>727-222-2222</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non HAZ</u>		<u>30 YDS.</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>10-1-85</u>		EPA IDENTIFICATION CODE NO. <u>1060722-51</u>	
COMPANY NAME _____		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS _____		CITY _____		PHONE _____	
STATE _____		ZIP _____			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>PEARSON</u>		Phone <u>257-3791</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAAC</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		PHONE _____	
ZIP _____					
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SAAC</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>257-3791</u>		STATE <u>MD</u>		PHONE _____	
ZIP _____					
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 94447

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
NON HAZARDOUS				
IN CASE OF EMERGENCY, NOTIFY: <u>94447</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>20-40</u>		<u>TRUCK - SCRAP</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR DATE SHIPPED <u>10-9-85</u> EPA IDENTIFICATION CODE NO. <u>45401</u>				
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u> STATE I.D. NO. _____				
ADDRESS <u>1120 WISCONSIN BLVD.</u> PURCHASE ORDER _____				
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u> Print Name <u>PERKIN</u> Phone <u>227-6391</u>				
TRANSPORTER EPA IDENTIFICATION NO. _____				
COMPANY <u>SAME</u> STATE I.D. CODE _____				
ADDRESS _____ JOB I.D. NO. _____				
CITY _____ STATE _____ ZIP _____ PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____ Print Name _____ Date Received _____				
TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____				
COMPANY <u>227-6391</u> STATE I.D. NO. _____				
ADDRESS _____ JOB NO. _____				
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____ PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____ Print Name _____ Date _____				



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 14428

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>1-800-451-1234</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>W/IN 242</u>		<u>3000</u>		<u>BEAR WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>10-9-85</u>		EPA IDENTIFICATION CODE NO. <u>CH106092561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>SEARIN</u>		Phone <u>776-991</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>DAN E</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 11-11-81

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
NON HAZARDOUS				
IN CASE OF EMERGENCY, NOTIFY: <u>REPAIR</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 T.S.</u>		<u>CRACKED PAPER</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-1-81</u>		EPA IDENTIFICATION CODE NO. <u>045-05128-51</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>				STATE I.D. NO. _____
ADDRESS <u>1120 WISCONSIN BLVD.</u>				PURCHASE ORDER _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>PEARSON</u>		Phone <u>2276391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 00003

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>See person</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>New Haz</u>		<u>30 yds.</u>		<u>FLYASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-12-85</u>		EPA IDENTIFICATION CODE NO. <u>OHIO 660928-16</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS <u>1120 WISCONSIN BLVD.</u>				
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records				
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>[Signature]</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. Dayton Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 1444

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>CEMENT</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30 YRS.</u>		<u>CEMENT</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>10-15-85</u>		EPA IDENTIFICATION CODE NO. <u>OH1060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMD</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name _____		Phone <u>202-1391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		PHONE _____	
CITY _____		STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 14446

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>Non Hazardous</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>Fire Dept</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 yds</u>		<u>Scrap Wood</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>10-17-85</u> EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.	
Signature _____	Print Name <u>Robert</u> Phone <u>222 6371</u>
TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>Same</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature _____	Print Name _____ Date Received _____
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>Dayton Landfill</u>	STATE I.D. NO. _____
ADDRESS _____	JOB NO. _____
CITY <u>Dayton</u> STATE <u>OHIO</u> ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature _____	Print Name _____ Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 14147

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		30 YAL.		FLASH
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-17-85</u> EPA IDENTIFICATION CODE NO. <u>060928561</u>		
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the appropriate regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>PERSON</u>		Phone <u>557-6791</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>5. DAYTON</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 14753

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZARDOUS					
IN CASE OF EMERGENCY, NOTIFY: <u>D. Garwood</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
NON HAZ		BOXES		BOXES-SCRAP	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>10-21-85</u>		EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMD</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>D. Garwood</u>		Print Name <u>GARWOOD</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 11452

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>D. Garwood</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION		HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>			<u>30 YDS.</u>		<u>SCRAP WOOD</u>
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>10-21-85</u>		EPA IDENTIFICATION CODE NO. <u>OHDO6092856</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMD</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>D. Garwood</u>		Print Name <u>GARWOOD</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		ZIP _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	
CITY _____		STATE _____		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 44429

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>D. Garwood</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-22-85</u> EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>		
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>D. Garwood</u>		Print Name <u>GARWOOD</u> Phone <u>227 6391</u>		
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____ STATE _____ ZIP _____		PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____ Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____		PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____ Date _____		



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 14460

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>D. Garwood</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-22-83</u>		EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>D. Garwood</u>		Print Name <u>GARWOOD</u>		Phone <u>2276391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SA DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 1194/61

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>D. Garwood</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-22-85</u>	EPA IDENTIFICATION CODE NO. <u>OH D060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GmC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>D. Garwood</u>		Print Name <u>GARWOOD</u>	Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. A4465

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>J. Garwood</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-27-85</u>	EPA IDENTIFICATION CODE NO. <u>OHDD09285H</u>	
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>J. Garwood</u>		Print Name <u>GARWOOD</u>	Phone <u>277 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. A4466

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>NON HAZARDOUS</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>D. Garwood</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>NON HAZ</i>		<i>90 YDS.</i>		<i>CONCRETE</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <i>10-23-85</i>	EPA IDENTIFICATION CODE NO. <i>04D060928561</i>	
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>D. Garwood</i>		Print Name <i>GARWOOD</i>	Phone <i>227 6791</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>SAME</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>S. DAYTON LANDFILL</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>IL</i>	STATE _____	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 14467

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>D. Garwood</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-23-85</u>		EPA IDENTIFICATION CODE NO. <u>04D060928561</u>
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>D. Garwood</u>		Print Name <u>GARWOOD</u>		Phone <u>227 6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 44469

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 1.2em;">NON HAZARDOUS</div>			NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>A. Garwood</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS</u>		<u>BOXES &amp; STEEL BANDS</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>10-24-85</u>		EPA IDENTIFICATION CODE NO. <u>QHD060928561</u>
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>A. Garwood</u>		Print Name <u>GARWOOD</u>		Phone <u>2276391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 14470

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>D. Garwood</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS</u>		<u>CARDBOARD BOXES</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-24-85</u>		EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>D. Garwood</u>		Print Name <u>GARWOOD</u>		Phone <u>2276391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. A4473

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>D. Garwood</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS</u>		<u>SCRAP WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-26-85</u>		EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>D. Garwood</u>		Print Name <u>GARWOOD</u>		Phone <u>227 6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



# ENVIRONMENTAL MANIFEST

**NO.** 04474☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>D. Garwood</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30 YDS</u>		<u>FLY ASH</u> <u>SEAL BOXES</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>10-25-85</u>		EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>	
COMPANY NAME <u>DELCO MORAINÉ DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>D. Garwood</u>		Print Name <u>GARWOOD</u>		Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>JAME</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____ STATE _____ ZIP _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 14481

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>D. Sawood</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS</u>		<u>SCRAP WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-24-85</u>		EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>120 WILSON DR.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>A. Sawood</u>		Print Name <u>GARWOOD</u>		Phone <u>227 6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. A4483

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO.    TRACTOR NO.	
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>G. Garwood</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS</u>		<u>SCRAP BOXES &amp; STEEL BANDS</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>10-24-85</u>	EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GM</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	<u>45401</u>	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>G. Garwood</u>		Print Name <u>GARWOOD</u>	Phone <u>227-6341</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>3. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

NO. 14484

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>D. Garwood</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>5</u> <u>22 YDS</u>		<u>FLYASH</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>10-29-85</u>		EPA IDENTIFICATION CODE NO. <u>OH609028561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMD</u>				STATE I.D. NO. _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>D. Garwood</u>		Print Name <u>GARWOOD</u>		Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 0441

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<b>NON HAZARDOUS</b>					
IN CASE OF EMERGENCY, NOTIFY: <u>D. Garwood</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30YDS</u>		<u>SCRAP WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>11-1-85</u>		EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
STATE <u>OHIO</u>		ZIP <u>45401</u>			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>D. Garwood</u>		Print Name <u>GARWOOD</u>		Phone <u>227 639</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		ZIP _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 44494

EMERGENCY INFORMATION		SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION		<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
<u>NON HAZARDOUS</u>			
IN CASE OF EMERGENCY, NOTIFY: <u>D. Garwood</u>			
SHIPPING INFORMATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS</u>	<u>SCRAP WOOD</u>
MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____			
ADDITIONAL INFORMATION:			
CERTIFICATION			
GENERATOR		DATE SHIPPED <u>11-11-85</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		STATE I.D. NO. _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>			
Signature <u>D. Garwood</u>		Print Name <u>D. GARWOOD</u> Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>SAME</u>		STATE I.D. CODE _____	
ADDRESS _____		JOB I.D. NO. _____	
CITY _____	STATE _____	ZIP _____	PHONE _____
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>			
Signature _____		Print Name _____ Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____	
ADDRESS _____		JOB NO. _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>			
Signature _____		Print Name _____ Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** A4495

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 1.2em;">NON HAZARDOUS</div>			NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>D. Sawood</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS</u>		<u>CONCRETE</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>11-4-85</u>	EPA IDENTIFICATION CODE NO. <u>OH0000928961</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>D. Sawood</u>		Print Name <u>D. SAWOOD</u>	Phone <u>276 391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. A4503

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZARDOUS				
IN CASE OF EMERGENCY, NOTIFY: <u>D. Garwood</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
NON HAZ		30 YDS		FLYASH
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>11-6-85</u>	EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>D. Garwood</u>		Print Name <u>GARWOOD</u>	Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 19504

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>A. Garwood</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>20 YDS</u>		<u>SCRAP WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>11-6-85</u>		EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GM</u>				STATE I.D. NO. _____	
ADDRESS <u>20 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>A. Garwood</u>		Print Name <u>GARWOOD</u>		Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>J. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. A4505

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>D. Garwood</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>15 YDS</u>		<u>BOXES &amp; BANDS</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11-6-85</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>20 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>D. Garwood</u>		Print Name <u>GARWOOD</u>		Phone <u>227 6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. A4510

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>NON HAZARDOUS</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>D. GAWOOD</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS</u>		<u>FLYASH</u>

MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____	

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION				
GENERATOR	DATE SHIPPED <u>11-9-85</u>	EPA IDENTIFICATION CODE NO. <u>OH0060428561</u>		
COMPANY NAME <u>DELCO MORaine DIV. GMD</u>	STATE I.D. NO. _____			
ADDRESS <u>120 WISCONSIN BLVD.</u>	PURCHASE ORDER _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>D. GAWOOD</u>	Print Name <u>GAWOOD</u>	Phone <u>227 6391</u>		
TRANSPORTER	EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>	STATE I.D. CODE _____			
ADDRESS _____	JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____	Print Name _____	Date Received _____		
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>	STATE I.D. NO. _____			
ADDRESS _____	JOB NO. _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____	Print Name _____	Date _____		



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 511  
44499

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>D. Garwood</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>20 YDS</u>		<u>SCRAP WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11-9-85</u>		EPA IDENTIFICATION CODE NO. <u>OHDD060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS <u>1 20 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>D. Garwood</u>		Print Name <u>GARWOOD</u>		Phone <u>227 6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____
COMPANY <u>SAME</u>		JOB I.D. NO. _____		PHONE _____
ADDRESS _____		CITY _____		STATE _____ ZIP _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____
COMPANY <u>S. DAYTON LANDFILL</u>		JOB NO. _____		PHONE _____
ADDRESS _____		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 14514

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>D. Sawood</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>20 YD.</u>		<u>SCRAP WOOD &amp; BOXES</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11-11-85</u>		EPA IDENTIFICATION CODE NO. <u>04D260928561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>D. Sawood</u>		Print Name <u>GARWOOD</u>		Phone <u>227 6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____





# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 44522

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
<u>Non-Hazardous</u>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<u>CHAS McCloskey</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>			<u>Box</u>	<u>Scrap Wood</u> <u>1 Pallet</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>11-13-85</u>		EPA IDENTIFICATION CODE NO. <u>OH D 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMD</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>CHAS McCloskey</u>		Phone <u>277 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		STATE _____ ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY <u>SOUTH DAYTON LANDFILL</u>		EPA IDENTIFICATION CODE NO. _____			
COMPANY _____		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS <u>DAYTON</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 04523

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Now Hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>CHAS McCloskey</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 Yds</u>	<u>Box</u>	<u>Fly Ash</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11-17-85</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GM</u>		STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS <u>1-20 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u>
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u>
PHONE _____				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Charles McCloskey</u>		Print Name <u>CHAS McCloskey</u>		Phone <u>277 6391</u>
TRANSPORTER		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SAFC</u>		STATE I.D. CODE _____		JOB I.D. NO. _____
ADDRESS _____		CITY _____		STATE _____
CITY _____		STATE _____		ZIP _____
PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____
ADDRESS _____		CITY <u>DAYTON</u>		STATE <u>OHIO</u>
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____
PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 44524

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
<i>Non Hazardous</i>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<i>Chris McCloskey</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>20 yds</i>	<i>Box</i>	<i>Unloaded Boxes</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <i>11-15-85</i>	EPA IDENTIFICATION CODE NO. <i>OH D 060928561</i>	
COMPANY NAME <i>DELCO MORAIN DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>1-20 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>Chris McCloskey</i>		Print Name <i>CHRIS MCCLOSKEY</i>	Phone <i>227 6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>SAME</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>S. DAYTON LANDFILL</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 44326

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Hazardous</u>					
IN CASE OF EMERGENCY, NOTIFY:					
<u>CHAS T McCloskey</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 yds</u>	<u>Box</u>	<u>FLY ASH</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>11-16-85</u>		EPA IDENTIFICATION CODE NO. <u>QHD060924561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMD</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1 20 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>CHAS T McCloskey</u>		Print Name <u>CHAS T McCloskey</u>		Phone <u>27 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>AME</u>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>SOUTH DAYTON LANDFILL</u>		ADDRESS _____		JOB NO. _____	
CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP _____		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 04529

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Non HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>CHAS. McCloskey</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>20 yds</u>	<u>Box</u>	<u>Scrap Wood</u> <u>+ Lumber</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11-18-85</u>		EPA IDENTIFICATION CODE NO. <u>PA060928561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GM</u>		STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS <u>1 20 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE <u>227-6391</u>
STATE <u>OHIO</u>		ZIP <u>45401</u>		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Charles McCloskey</u>		Print Name <u>Charles McCloskey</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>NAME</u>		STATE I.D. CODE _____		JOB I.D. NO. _____
ADDRESS _____		CITY _____		PHONE _____
STATE _____		ZIP _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____
ADDRESS <u>DAYTON</u>		CITY <u>DAYTON</u>		PHONE _____
STATE <u>OHIO</u>		ZIP _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 14330

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Hazardous</u>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<u>Charles McCloskey</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>20 yds</u>	<u>Box</u>	<u>Scrap Wood</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>11-18-85</u>		EPA IDENTIFICATION CODE NO. <u>OH D060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>				STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Charles McCloskey</u>		Print Name <u>Charles McCloskey</u>		Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>				STATE I.D. CODE _____	
ADDRESS _____				JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>				STATE I.D. NO. _____	
ADDRESS <u>DAYTON</u>				JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

**NO.** A453

DM 2871 REV 11/80

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>CHAS T McCloskey</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ.</u>		<u>20 Yds</u>	<u>Box</u>	<u>Scrap Wood &amp; Cracked Boards</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR <u>DELCO MORaine DIV. GMC</u>		DATE SHIPPED <u>11-20-85</u> EPA IDENTIFICATION CODE NO. <u>OH D 060928561</u>		
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS <u>120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Chas T McCloskey</u>		Print Name <u>CHAS T McCloskey</u> Phone <u>227-6391</u>		
TRANSPORTER _____		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____ STATE _____		ZIP _____ PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____ Date Received _____		
TREATMENT/DISPOSAL FACILITY <u>DAYTON LANDFILL</u>		EPA IDENTIFICATION CODE NO. _____		
COMPANY _____		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP _____ PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____ Date _____		



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. A 7437

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>Non Hazardous</i>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<i>Chris McCloskey</i>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>New HAZ</i>		<i>154ds</i>	<i>Box</i>	<i>Concrete</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>11-21-85</u>		EPA IDENTIFICATION CODE NO. <u>OH D060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1.20 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <i>[Signature]</i>		Print Name <u>Chris McCloskey</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____ STATE _____ ZIP _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 14547

EMERGENCY INFORMATION			SCALE INFORMATION				
IMMEDIATE RESPONSE INFORMATION  <u>NON HAZARDOUS</u>  IN CASE OF EMERGENCY, NOTIFY: <u>CHAS T. Mc Closkey</u>			NET WT. _____  TRAILER NO.    TRACTOR NO.				
SHIPPING INFORMATION							
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			
<u>NON HAZ</u>		<u>12 yds</u>	<u>Box</u>	<u>Cardboard Boxes</u>			
				<u>1000</u>			
MATERIAL DISPOSITION							
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____							
ADDITIONAL INFORMATION:							
CERTIFICATION							
GENERATOR		DATE SHIPPED <u>11-22-85</u>	EPA IDENTIFICATION CODE NO. <u>OH 060924561</u>				
COMPANY NAME <u>DELCO MORaine DIV. GMD</u>		STATE I.D. NO. _____					
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.							
Signature <u>Chas T. Mc Closkey</u>		Print Name <u>Chas T. Mc Closkey</u>	Phone <u>227 6391</u>				
TRANSPORTER		EPA IDENTIFICATION NO. _____					
COMPANY <u>SAME</u>		STATE I.D. CODE _____					
ADDRESS _____		JOB I.D. NO. _____					
CITY _____	STATE _____	ZIP _____	PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.							
Signature _____		Print Name _____	Date Received _____				
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____					
ADDRESS _____		JOB NO. _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.							
Signature _____		Print Name _____	Date _____				



Delco Moraine

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# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 04343

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____  TRAILER NO.    TRACTOR NO.	
<i>Non Hazardous</i>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<i>CHAS T McCloskey</i>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30 Yds</i>	<i>Box</i>	<i>FLYASH</i>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>11-23-85</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMD</u>		STATE I.D. NO. _____		
ADDRESS <u>120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>CHAS T McCloskey</i>		Print Name <u>CHAS T McCloskey</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>AME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 04543

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____  TRAILER NO.    TRACTOR NO.	
<u>Not HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: _____ <u>CHAS McCloskey</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Not Haz</u>		<u>30 yds</u>	<u>Box</u>	<u>FLYASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11-23-85</u>		EPA IDENTIFICATION CODE NO. <u>PD 06042 FSC</u>
COMPANY NAME <u>DELCO MORaine DIV. GMD</u>		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____	DAYTON	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>CHAS McCloskey</u>		Phone <u>276391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>SAF</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 014546

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: _____ <u>Chris T. McElroskey</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>voids</u>	<u>Box</u>	<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11-25-85</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Chris T. McElroskey</u>		Print Name <u>Chris T. McElroskey</u>	Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS <u>SAME</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON ROAD MILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 44351

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>CHAS. T. McCLOSKEY</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>20 yds</u>	<u>Box</u>	<u>Scrub Wood</u> <u># Cardboard Boxes</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11-26-85</u>	EPA IDENTIFICATION CODE NO. <u>OH D060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>CHAS McCLOSKEY</u>	Phone <u>376391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>[Signature]</u>		STATE I.D. CODE _____		
ADDRESS <u>[Signature]</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

NO. 12345

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		0115		Flammable

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DELCO MORaine, INC. GWC	DATE SHIPPED <u>11-30-79</u>	EPA IDENTIFICATION CODE NO. <u>OH 060621-61</u>
COMPANY NAME	STATE I.D. NO. _____		
ADDRESS	PURCHASE ORDER _____		
CITY	DAYTON	STATE	OHIO
	45401	ZIP	PHONE _____
<small>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</small>			
Signature	Print Name		Phone
<small>Signature: [Signature] Print Name: [Name] Phone: [Number]</small>			
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY	STATE I.D. CODE _____		
ADDRESS	JOB I.D. NO. _____		
CITY	STATE	ZIP	PHONE
<small>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</small>			
Signature	Print Name		Date Received
<small>Signature: [Signature] Print Name: [Name] Date Received: [Date]</small>			
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY	STATE I.D. NO. _____		
ADDRESS	JOB NO. _____		
CITY	STATE	ZIP	PHONE
<small>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</small>			
Signature	Print Name		Date
<small>Signature: [Signature] Print Name: [Name] Date: [Date]</small>			

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 44537

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <u>Non Hazardous</u>  IN CASE OF EMERGENCY, NOTIFY: <u>CHAS McCloskey</u>				NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>20 yds</u>	<u>Box</u>	<u>Boards - wood</u>	
				<u>Metal Bands</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>11-27-85</u>		EPA IDENTIFICATION CODE NO. <u>OH D 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Chas McCloskey</u>		Print Name <u>CHAS McCloskey</u>		Phone <u>227 6361</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>same</u>		JOB I.D. NO. _____		PHONE _____	
ADDRESS _____		CITY _____ STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>DAYTON LANDFILL</u>		JOB NO. _____		PHONE _____	
ADDRESS _____		CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 111537

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>Charles J. McCloskey</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non HAZ</u>		<u>30 yds</u>	<u>Box</u>	<u>FLY ASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>12-3-85</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>3 DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Charles J. McCloskey</u>		Print Name <u>Charles J. McCloskey</u>	Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	





**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 41156

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____  TRAILER NO.    TRACTOR NO.	
<i>Non HAZARDOUS</i>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<i>CHAS T McCloskey</i>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Non HAZARDOUS</i>		<i>40 Yds</i>	<i>Box</i>	<i>Redwood Boxes + Wood</i>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <i>12-4-85</i>		EPA IDENTIFICATION CODE NO. <i>OH 066921561</i>	
COMPANY NAME		DELCO MORaine DIV. GMC		STATE I.D. NO. _____	
ADDRESS		1420 WISCONSIN BLVD.		PURCHASE ORDER _____	
CITY	DAYTON	STATE	OHIO	45401 ZIP	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <i>Chas McCloskey</i>		Print Name <i>CHAS McCloskey</i>		Phone <i>227-6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY		STATE I.D. CODE _____			
ADDRESS		JOB I.D. NO. _____			
CITY	DAYTON	STATE	OHIO	ZIP	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY		STATE I.D. NO. _____			
ADDRESS		JOB NO. _____			
CITY	DAYTON	STATE	OHIO	ZIP	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11568

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____
<u>Non HAZARDOUS</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>CHARLES T. McCLUCKEY</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non HAZ</u>		<u>20 yds</u>	<u>Box</u>	<u>Crushed Stone</u>
				<u>Wood &amp; Boards</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>12-6-89</u> EPA IDENTIFICATION CODE NO. <u>ND 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.	
Signature <u>[Signature]</u>	Print Name <u>Charles McCluckey</u> Phone <u>2276591</u>
TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAFARI</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature _____	Print Name _____ Date Received _____
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SAFARI</u>	STATE I.D. NO. _____
ADDRESS _____	JOB NO. _____
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature _____	Print Name _____ Date _____



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 47576

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>R. Garwood</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION		HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>			<u>15 YDS</u>		<u>HYD. PAPER, MET. TRNSES, TIRE</u>
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
<b>ADDITIONAL INFORMATION:</b>					
<b>CERTIFICATION</b>					
GENERATOR <u>DELCO MORaine DIV GMC</u>		<u>12-7-85</u>		EPA IDENTIFICATION CODE NO. <u>OHDEL928561</u>	
COMPANY NAME <u>1420 WISCONSIN BLVD.</u>				STATE I.D. NO. _____	
ADDRESS <u>DAYTON</u>		<u>OHIO</u>		<u>45401</u> PURCHASE ORDER _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify that <u>DELCO MORaine DIV GMC</u> materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>R. Garwood</u>		Print Name <u>GARWOOD</u>		Phone <u>227 6371</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 44574

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<u>CHAS M CLOSKE</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30405</u>	<u>Box</u>	<u>FLYASHT.</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>12-9-85</u>		EPA IDENTIFICATION CODE NO. <u>OHV 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>CHAS M CLOSKE</u>		Print Name <u>CHAS T M CLOSKE</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>same</u>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____	
PHONE _____		This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>Dayton Landfill</u>		ADDRESS _____		JOB NO. _____	
CITY <u>Dayton</u>		STATE <u>OHIO</u>		ZIP _____	
PHONE _____		This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 44572

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>CHAS M' CLOSKEY</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>LOW HAZ</u>		<u>20405</u>	<u>BEA</u>	<u>WOOD, 4 Boxes</u> <u>METAL BANDS</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>12-9-85</u>		EPA IDENTIFICATION CODE NO. <u>OH0 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Chas M' Closkey</u>		Print Name <u>C. M' CLOSKEY</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. Dayton Landfill</u>		STATE I.D. NO. _____			
ADDRESS <u>Dayton</u>		JOB NO. _____			
CITY <u>Dayton</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 4727

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____  TRAILER NO.    TRACTOR NO.	
<div style="font-size: 1.5em; font-family: cursive;">Non Hazardous</div>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<div style="font-size: 1.5em; font-family: cursive;">C. McCloskey</div>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<div style="font-size: 1.5em; font-family: cursive;">Non Haz</div>		<div style="font-size: 1.5em; font-family: cursive;">15 yds</div>	<div style="font-size: 1.5em; font-family: cursive;">Box</div>	<div style="font-size: 1.5em; font-family: cursive;">Crabboard</div>
				<div style="font-size: 1.5em; font-family: cursive;">Boxes</div>
				<div style="font-size: 1.5em; font-family: cursive;">Wood</div>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>12-10-85</u>		EPA IDENTIFICATION CODE NO. <u>47D 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>Charles T. McCloskey</u>		Phone <u>276391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>AME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. Dayton Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



# ENVIRONMENTAL MANIFEST

NO. 41158

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO.    TRACTOR NO. _____	
<u>NON HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<u>CHAS T. McCloskey</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>151ds</u>	<u>Box</u>	<u>Cardboard Boxes</u> <u>+Wood</u>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>12-12-85</u>		EPA IDENTIFICATION CODE NO. <u>4540728561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>				STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>CHAS McCloskey</u>		Phone <u>2271391</u>	
TRANSPORTER				EPA IDENTIFICATION NO. _____	
COMPANY <u>SAME</u>				STATE I.D. CODE _____	
ADDRESS _____				JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY				EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>S. DAYTON Landfill</u>				STATE I.D. NO. _____	
ADDRESS _____				JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.NO. 44589

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____  TRAILER NO.    TRACTOR NO.	
<u>Not Hazardous</u>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<u>Chris T. McCloskey</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30yds</u>	<u>Box</u>	<u>FLYASH</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>12-12-85</u>		EPA IDENTIFICATION CODE NO. <u>OH D 060 998 561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>Chris T. McCloskey</u>		Phone <u>327 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>ANE</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		STATE _____ ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>Dayton Landfill</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>Dayton</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR





# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 17576

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<u>CHAS T. McCloskey</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non HAZ</u>		<u>15 Yds</u>	<u>Box</u>	<u>CAUTION - 4 Bands</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>12-13-85</u>		EPA IDENTIFICATION CODE NO. <u>OH D060 928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP _____	
This is to certify that the above named materials are properly classified, described, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>CHAS T. McCloskey</u>		Phone <u>227-1391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		PHONE _____	
CITY _____		STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 111596

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Non HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>Charles J. McCloskey</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 Yds</u>	<u>Box</u>	<u>FLYASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>12/14/85</u>	EPA IDENTIFICATION CODE NO. <u>AD01092561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Charles J. McCloskey</u>		Print Name <u>Charles J. McCloskey</u>	Phone <u>276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>AME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered:				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. Dayton Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 4757

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Not HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<u>Chas McCloskey</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>10/ds</u>	<u>Box</u>	<u>FLUASH</u>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>12-16-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 010928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Chas McCloskey</u>		Print Name <u>Chas McCloskey</u>		Phone <u>276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		PHONE _____	
CITY _____		STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>Dayton Landfill</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS <u>Dayton</u>		CITY <u>Dayton</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

**Delco Moraine**

DM 2871 REV 11/80

**ENVIRONMENTAL MANIFEST**☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.**NO.** 4179

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Hazardous</u>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<u>CHAS McCloskey</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non HAZ</u>		<u>1.4 lbs</u>	<u>Box</u>	<u>Lead Acid</u> <u>Batteries 1/1000</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR	DATE SHIPPED <u>12-18-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>		
COMPANY NAME	<u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS	<u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY	<u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature	<u>CHAS McCloskey</u>		Print Name	<u>CHAS McCloskey</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY	<u>ONE</u>		STATE I.D. CODE _____		
ADDRESS			JOB I.D. NO. _____		
CITY		STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature			Print Name	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY	<u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS			JOB NO. _____		
CITY	<u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature			Print Name	Date _____	

WHITE-RETURN TO GENERATOR

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GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 19600

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <u>Non Hazardous</u>  IN CASE OF EMERGENCY, NOTIFY: <u>Chris McCloskey</u>			NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 Yds</u>	<u>Box</u>	<u>FLYASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED	EPA IDENTIFICATION CODE NO.	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		<u>12/18/85</u>	<u>OH D 060928561</u>	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		STATE I.D. NO.	PURCHASE ORDER	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Chris McCloskey</u>		Print Name <u>Chris McCloskey</u>	Phone <u>276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO.		
COMPANY <u>Same</u>		STATE I.D. CODE		
ADDRESS		JOB I.D. NO.		
CITY	STATE	ZIP	PHONE	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO.		
COMPANY <u>Dayton Landfill</u>		STATE I.D. NO.		
ADDRESS		JOB NO.		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP	PHONE	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

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Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 14602

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non-Hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>CHAS T. McCloskey</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>154ds</u>	<u>Box</u>	<u>Scrap Wood</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR <u>DELCO MORAINES DIV GMC</u>		EPA IDENTIFICATION CODE NO. <u>OH D 060928561</u>		
COMPANY NAME <u>1420 WISCONSIN BLVD.</u>		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that <u>OH D 060928561</u> materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature: <u>[Signature]</u>		Print Name: <u>CHAS McCloskey</u>		Phone: <u>227-1391</u>
TRANSPORTER _____		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY _____		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

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GOLD-GENERATOR



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# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19608

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
New Haz		30 yds	Box	FLYASH	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR DELCO MORaine DIV GMC 12-20-85 EPA IDENTIFICATION CODE NO. 060924561					
COMPANY NAME 1420 WISCONSIN BLVD. STATE I.D. NO. _____					
ADDRESS _____ PURCHASE ORDER _____					
CITY DAYTON STATE OHIO 45401 ZIP _____ PHONE _____					
This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Chris McCloskey</u> Print Name <u>Chris McCloskey</u> Phone <u>276391</u>					
TRANSPORTER EPA IDENTIFICATION NO. _____					
COMPANY _____ STATE I.D. CODE _____					
ADDRESS <u>Same</u> JOB I.D. NO. _____					
CITY _____ STATE _____ ZIP _____ PHONE _____					
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____ Print Name _____ Date Received _____					
TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>Dayton Landfill</u> STATE I.D. NO. _____					
ADDRESS _____ JOB NO. _____					
CITY <u>Dayton</u> STATE <u>Ohio</u> ZIP _____ PHONE _____					
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____ Print Name _____ Date _____					



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 44607

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Hazardous</u>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<u>Charles McCloskey</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 Yds</u>	<u>Box</u>	<u>FLYASH</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>12-21-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928563</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>Charles McCloskey</u>		Phone <u>217-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		PHONE _____	
CITY _____		STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON Landfill</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

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GOLD-GENERATOR





DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. A7607

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: _____ <u>1-800-235-1000</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>20412</u>	<u>Box</u>	<u>50125</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED	EPA IDENTIFICATION CODE NO.	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>			STATE I.D. NO. _____	
ADDRESS <u>1-20 WISCONSIN BLVD.</u>			PURCHASE ORDER _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>McCluskey</u>	Phone <u>27-6311</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>[Signature]</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>[Signature]</u>		STATE I.D. NO. _____		
ADDRESS <u>[Signature]</u>		JOB NO. _____		
CITY <u>[Signature]</u>	STATE <u>Ohio</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	